PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No.

	1/
	116/
No.	77
	7

A DIAGE OF DEATH	A HIGHAL DECIDENCE (LEONAE) OF DECEASED.	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newporp infants give residence of mother)	
County Baltimore	(10) we will be a second of motiles,	
City or town Fort Howard. Me	State County	
(If outside city or town limits, write RUBAL and give nearest town)	City or town Fort Soward	
How long in above place of death? 2 months	(If outside city or town limits, write RURAL and give nearest town)	
Hospital, Institution, or street address where death occurred:	Street No. 19 Month Point Road	
	(If rural, give LOCATION)	
	2.(a) It veteran, name war	
How long in hospital or institution?	2.(u) It veteran, name war	
3. (a) FULL NAME Laura L. Altarater	3. (b) Social Security Number	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
For le White sindaved	10 0 20 /1/10	
Temale White underver	20. DATE OF DEATH December 2918 4 X at / a. M	
	21. I CERTIFY that death occurred on the date above stated that I attended deceased from	
S.(b) Name of husband or wite	December 1 19 4 / 10 Dec 29 19 48	
7. Birth date of		
	and that I last saw h. en alive on Decluber 28 18 78	
deceased (mo., day, yr.) teluary 14, 108 2	Immediate cause of death	
8. AGE: Years Months Days If less than one day	Chromic Congesters heart 5 kms	
6 th 10 15	1-:0.0	
noe - mad		
9. Birthplace Baltino	Due to	
(Town, county, and state)	and & cluster per alsons:	
10. Usual occupation.	Pur to	
	Due to	
11. Industry or business		
# 12. Name tolum de Reyser Mi	Other conditions	
12. Name John A Reyser A: 13. Birthplace Baltinine - than		
	(Include pregnancy within 3 months of death)	
E 14. Malden name Barbara Devring	Major findings of operations.	
15. Birthplace Bulte - Miss		
ma 1/ n > 00		
16. Informany Mr. Hazel Colbert	Autopsy results	
Address 9. North Point Road	PHYSICIAN: Please underline the caose to which death should be charged statistically.	
Address 1. North Forms Tons	22. VIOLENCE: It death was due to external causes, fill in the following:	
17 Duria Date thereof 12/3/ 48	Accident, suicide, or homicide	
17. (Burial, cremation, or removal. Which?) Bate thereof (month) (day) (year)		
Cemetery or crematory Moreland Memorial Park	Where did Injury occur?	
T o o		
Location Caylor ave	Injured at home, farm, Industry, public place (where?)	
Loward M. Blast T.	Mesns of injury Injured at work?	
18. Funeral director.	14/\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
Address GOOT Harford Road	Waru mil.	
0 10 11 11 1	23. SIGNATURE	
10 Dea 36 10 48 a. W. Dedurk	2 8 1/16 12. 20 VI	
(Date rec'd by registrar) Registrar	Address 220 Date signed 78	

MANYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charfes St., Baltimore

CERTIFICATE OF DEATH

740

Reg. Dist. No.

					206. 2011. 1101	
1. PLACE OF DEATH: County Baltimore City or town Essex (If outside city or town limits, write RURAL and give nearest town)				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State		
				City or town HSSEX (If outside city or town limit	s write RHRAL and give nea	rest town)
How long in above place	street address where	death occurred		Street No. 7529 Eastern		
nospital, institution, or	Sticet addicas where t				e LOCATION)	
		***************************************		2.(a) If veteran, name war.		
			***************************************	2.(U) II Veteran, name war		
3. (a) FULL NAMI	E				3. (b) Social Security	Number
	Jer	nnie E	Baker			
4. Sex	5. Color or race	6.(a)Singl	e, married, widowed, or divorced	MEDICAL C	ERTIFICATION	
female	white		widowed	2D, DATE OF DEATH	2748	30°P
		1				
6.(b) Name of husband	or wife. Harr	ry Bak	cer	21. I CERTIFY that death occurred on the date ab	ove stated: that I attended dece	ased from
			e) If alive, give ageyears	Dec 15 19		
7. Birth date of				and that I tast saw halive on	ec 27	19 . X.L
deceased (mo., day, y		22,188		Immediate cause of death		DURATION
8. AGE: Years	Months	Days	It less than one day	Chi. Lynasholii	Leuremin	1-18-
67	11	5	hrs mln.			1-18-47
9. Birthplace Baltimore (Town, county, and state)				Due fo		
3. Birtapiace	(Town,	eounty, and	ntate)		***************************************	
10. Usual occupation	at hor	ne	•••••••••	Due to		
11. Industry or busines				V45 1V		
****		le		Other conditions Sand		***************************************
F				Other conditions	***************************************	
13. Birthplace Baltimore				(Include pregnancy within 3	months of death)	
14. Maiden name.	Louise	Mc	roy	Major findings of operations		
TOF 15 Birdhaloss	Balt	more		major maduage of operations.		
				Autopsy results. 2201		
				PHYSICIAN: Piesse underline the cause to v	which death should be charged	statistically.
Address	7529 East	ern A	ve			
70/70/40				22. VfOLENCE: If death was due to external ca		
(Burial, cremation, or removal. Which?) (month) (day) (year)				Accident, suicide, or homicide		
Cemetery or crematory Oak Lawn			***************************************	Where did injury occur?(City or town)	(County)	(State)
70				Injured at home, farm, industry, public place (
Location 7225 Eastern Ave.					Injured at work?	
1B. Funeral director	Clarence	F. Ho	offmann	Means of Injury	Injuicy of work?	
1630 N Propodurer				Eal	1 6	25.4.
Address 10.				23. SIGNATURE	munk.	or other
10 Dec .	30 19 ch	8	7. W. Hedrick	Q 41 1 5- V	/	
(Date rec'd by re	egistror)		@ Registrar	Address X 420	Date signed.	12-28-4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15

MARGIN RESERVED FOR BINDING

VS A15

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.3

1. PLACE OF DEATH: County Baltimore				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
DIIDAT - Townson				State Maryland County Baltimore	
(If outside city or town limits, write RURAL and give nearest town)			nearest town)	City or town RURAL Towson	
	e of death? r street address where	doub convert	***************************************	(If outside city or town limits, write RURAL and give nearest town)	
nospital, institution, c	r street address where	none		Street No. Jarrettsville Road near Loch Raven (If rural, give LOCATION)	****
How long in hospital o	ar Incelleution?		*************************	(If rural, give LOCATION)	
3. (a) FULL NAM					
5. (b) 10LL HAM	Willi	am G. Baker,	Jr.	3. (b) Social Security Number	
4. Sex	5. Color or race	6.(a) Single, married, widowe	d, or divorced	MEDICAL CERTIFICATION	
male	white	married		20. DATE OF DEATH December 27, 1948 19 41/044	P.s. M
		Drake Sawyers		21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
7. Birth date of deceased (mo., day,	Dogomb	6.(c) If alive, give ag	e years	and that I last saw h sallive on Dec 17. 197	
8. AGE: Year		Days Il less than o	ne day	Immediate cause of death DURATIO	
7	4	6hrs	mln.		7
	rederiel (ounter Manuelan	A	The Theory of	NOW
9. Birthplace		ounty, Marylan		Due 10 Del Dub - Ael Charles	0
10. Usual occupation.	Banker	retired		A Hersetters and - MM	1
11, industry or busine	22			DUE 10.	*********
		aker		Other conditions	*********
		m, Maryland			
	Susan El	len Jones		(Include pregnancy within 3 months of death)	
14. Maiden name		O M	. 7 3	Major findings of operations.	
		ry County, Mar		Date of op	
16. InformantMr	s. Joseph	Baker		Actorsy results	
Address M	onkton, Ma	ryland			
17 Burial	n, or removal. Which	Date thereof 12/30	/48	22. VIOLENCE: If death was due to external causes, Illi In the following:	
(Burial, cremation	n, or removal. Which	?) (month	(day) (year)	Accident, suicide, or homicide	
Cemetery of translative Mount Olivet				Where did injury occur?	
Location Frederick, Maryland			1	Injured at home, farm, industry, public place (where?)	******
18. Funeral director John O. Markellell & Saus, Sul.			us, Inc.	Meens of injury Injured a1 work?	
Address 1900 Eutaw Place, Baltimore, Md.			Md.	Hill Droom H. W. A.	(
19. Dec. 30 19.48 W. Carroll Van Horre (Date rec'd by registrar)			law Horse	23. SIGNATURE M. D. or other M. D. or other	
(Date rec'd by re	egistyar)	Des. Loc	Registrar	Address Allegheny Ave., Townsonged / 7/20/	.lQ
		anna Rnie	- pert	Mu •	

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BUREAU V. 8.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correst age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
Clly or town. Catonsville 28. Maryland (If outside city or town limits, write RURAL and give nearest town)	State Maryland Couply		
How long in above place of death?	City or town. 800 N. Port Street Baltimore, Md. (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)		
How long in hospifal or institution?1yr. 1 mo. 11das	2.(a) It veteran, name war		
3.(a) FULL NAME Anton Belsky	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
male white divorced	20. DATE DE DEATH		
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I aftended deceased from October 20, 19.47., to December 1.19.48		
deceased (mo., day, yr.) May 24, 1885	Immediate cause of death Terminal pneumonia Amputation of 3 toes of left foot		
9. Birthplace	Due to. for gangrene Midthigh amputation of left leg Due to. Arteriosclerotic cardiovascular renal disease 3 months 2 months indefinit		
12. Name Tony Belsky Czechoslovakia	Direct inguinal harming		
14 Maiden name Anna Mellichor Czechoslovakia	(Include pregnancy within 3 months of death) Major findings of operations Amputations for gangrone as above (9-7-48 and Date of Op. 10-29-48)		
16. Informant Hospital Records Address Catonsville 28, Maryland	Autopsy results		
Burial (Burial, cremation, or removal, Which?) Cemetery or WANGE Oak Hill	22. VIOLENCE: If death was due to external causes, till in the following; Accident, suicide, or homicide		
Horner's Lane, Baltimore, Md.	Injured at home, farm, industry, public place (where?)		
18 Funeral director Schimunek Funeral Home, Inc.	Mesns of Injury Injured at work?		
Address 2601-3-5 E. Madison St., Balto, Md.	Isadore Tuerk, M. D.		
19. Lee 2 1948 a. W. Hedrich	M. D. or other		

ADING INK. Supply every item of information carefully. The correct age Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UN. is especially important.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 75+30

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County. Billians	State Md County Baltim		
City or town			
	City or town (If outside city or town limits, write RURAL and give nearest town)		
How long in ebove place of death?	(If outside city or town limits, write RURAL and give nearest town)		
519 andery Rd	Street No. 6-19 academy .		
	(If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veleran, name war		
3. (a) FULL NAME Nellie amanda	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
F W movied	20. DATE OF DEATH, Describes 29 1945, 21 3 304. M		
8 (b) Name of husband or wife alexander W. Block	21. I CERTIFY that death occurred on the date above stated; that tattended deceased from		
8.(b) Name of husband or wife.	21. I CERTIFY that death occurred on the date above stated; that tattended deceased from		
7. Birth date of deceased (mo., day, yr.) March 16, 1887	end that I last saw has alive on Deel 28 1948		
	Immediate cause of death		
O. AGE.	alleken lengen 5 200		
6/ 9 /3min.			
9. Birtholace Cennylvania	Due to.		
9. Birthplace			
10. Usual occupation			
	Due to		
11. Industry or business			
12. Name Charles H. Soctz	Other conditions		
13. Birtholace Ceny.			
KI OHT OR PL	(Include pregnancy within 8 months of death)		
14. Malden name Calturing B. Cry	Major findings of operations		
14. Maiden name. 15. Birthplace Perw.	Date of op.		
me allen la al-			
10, Informant	Autopsy results		
Address 519 academy Rd			
Barriel Jan 1 1940	22, VIOLENCE: If death was due to external causes, fill in the following;		
17. Bartal, cremation, or removal. Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory Saula Back	Where did injury occur?		
Bellinner	Injured at home, farm, industry, public place (where?)		
Location D. Fare land	Meens of injury Injured at work?		
18. Funeral director Searge & Francley			
Address Feelton Ove + Fagette St.	-71/ K 9-11		
2/1	23. SIDNATURE M. D. or other		
19. 12-30 19.48 UE. Harry	14. Cation sillo 28, Jul 100 000012/35/48		

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JAN 3 1949

BUREAU V. S.

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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12153

CERTIFICATE OF DEATH

Reg. Dist. No. 37...

I. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give readdence of mother) State
3. (a) FULL NAME William, Edward B	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced married 6.(b) Name of husband or wite	MEDICAL CERTIFICATION 2D. DATE DF DEATH. Description 5 19 48 at 6.401 21. I CERTIEY that death occurred on the date above stated; that I attended deceased from 19 48 10 10 10 10 10 10 10 10 10 10 10 10 10
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day 78 17 17	and that I last saw horizon alive on alleration to the same of the
9. Birihplace	Due to
12. Name Dely 3 and 13. Birthplace Balto Co. and.	Diher conditions
14. Malden name Carey Kemp 15. Birthplace Balto G. Med	Major fiedings uf operations. Dale of op.
1B. Informant W. E. Deggard Address Lescas Ma	Actorsy results
17. (Burhal, cremation, or removal. Which?) Date thereof. (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Location Woodenshing Bello 6. Mg	Where did injury occur? (City or town) (County) (State) [njured at home, farm, Industry, public place (where?) Means of Injury Injured at work?
Address 12-7- 48 Wilmer C. Ensor (Date rec'd by registrar) Registrar	Means of Injury Injured at work? 23. SIGNATURE Elicabeth B. Slamille, 177- A. M. D. or other Address Cockeys ville, M. D. pate signed 12-3-15.



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MARYLAND STATE DEP.

2411 N. Charles

ARTMENT O	F HEALTH	De
St., Battimore	942	

12154

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAI. RESIDENCE (HOME) OF DECEASED: (For provious infanta give residence of mother)		
County Baltimore Fort Howard Maryland	state Maryland County		
City or town Fort Howard, Maryland (If outside city or town limits, write RURAL and give nearest town)	City or town Baltinore (If outside city or town limits, write RURAL and give nearest town)		
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)		
Vets. 1dm. Hospital Fort Howard, Md.	Street No. 2309 Greenmount Ave.		
How long in hospital or Institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
HENRY B. BOHN	unknown		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male White Married	20. DATE DF DEATH December 8 1948 pt 8:00 Pm		
5.(b) Name of husband or wife Julia Bohn	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
	December 7 19.48 10 December 8 19.48		
7. Birth date of	and that I last saw h im alive on December 8 1948		
deceased (mo., day, yr.) October 16, 1895 8. AGE: Years Months Days It less than one day	Immediate cause of death		
53 1 22min.	Coronary Thromhosis 8 Days		
	-		
8. Birthplace	Due 10		
10. Usual occupation Unemployed	Due to.		
11. Industry or business	DUG 10-		
質 12. Name Victor Bohn	Ditter conditions Coronary Arteriosclerosis Unknown		
13. Birthplace Germany	(Include pregnancy within 3 months of death)		
14 Maiden name Anna Schwartz			
14. Maiden name Anna Schwartz 15. Birthplace Germany	Major fiediogs of operations		
18 Informant Clinical Records, Vets. Adm. Hosp.	Autopsy results none performed		
	PHYSICIAN: Please noderline the cause to which death should be charged statistically.		
Address Fort Howard, Maryland	22. VIOLENCE: If death was due to external causes, fill in the following:		
17. Burial Burial (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide		
Complete of Complete Baltimore National Cemetery	Where did injuly occur? (City or town) (County) (State)		
Baltimore. Maryland	Injured at home, farm, industry, public place (where?)		
18. Funeral director. Wiedefeld & Son	Means of injury tojured at work?		
Greenmount & 22nd Sts., Balto., Md.	JPD MSherashress		
Address di Germoutit & 2211d 505., Dailo., Md.			
11 Lee 10 11 48 a W Nehich	23. SIGNATURED M. D. M. D. or other		
(Date rec'd by registrar) Registrar	Address VAH . FORT HOWARD . ND . Date signed 12-9-48.		

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH;	2. USUAL RESIDENCE (HOME) OF DECEASED: (FormewDprn infants give residence of mother)
City or town	State MA County O Sulto
	City or town
How long in above place of death? Hospital institution, or speet address where death occurred:	(2) (1) 6. 7 /
63 A Vsorpeet live	Street No. (If rural, give JOSATION)
How long in hospital or institution?	2(a) (veteran, name war
3. (a) FULL NAME Matilda 6	Gradley 3. (b) Social Security Number
4. Sex 5. Color or race 6.32) Single, marred widowed, or divorced	NEDICAL CERTIFICATION
I W He toned	20. DATE DE DEATH. Dec. 8 1948, 21/020
8.(b) Name of husband or wife Constant	21. I CERTIFY that death occurred on the date above stated; that letteoded deceased from
B.(c) If alive, give age	July 1948, 10 Alle 8 1948
7. Birth date of deceased (mo., day, yr.) Moh 22 1877 -	and that I last saw h.C.Y. alive on
8. AGE: Years Months Days If less than ono day	Immediate cause of death DURATION
78 & 16min.	myseardal mujjuning lasy
8. Birthplace Many Lank	Due to Cardio-renal Vascular 4400
(Town, gunty, and state)	the trave
1B. Usual occupation	Due to
11. Industry or business	
12. Name 12. Name 13. Birthplace 13. Birthplace 13. Birthplace	Dther conditions
	(include pregnancy within 3 months of death)
14. Maiden inschuie a Gotta Huy 15. Artholice N	Major findings of operations.
El 15. Arthplice	Date of op.
16. Information In	Autopsy results
Address 100 Prospect live	22. VIOLENCE: If death was due to external causes, fill in the following:
17. (but demands of the Which) Date threof (month) (day) (war)	Accident, oulcide, or homicide
Cemetery or crematory Call Company	Where did injury occur?
ne de marc	(City or town) (County) (State)
Location	Means of Injury Injury Injury Injured at work?
18. Funeral director	171110
Address Callows We Ind	23. SIGNATURE ON MILLSON
19. 12 9 (Date rec'd by registrar) 19.48 U.E. Hand	Address 6/7 W. 40 Past Dato signed 48/48

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WITH UNFADING INK. Supply every item of information carefully. The correct important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, I especially

VS A15

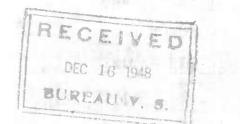
MARGIN RESERVED FOR BINDING

CERTIFICATE OF DEATH

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0- 12156

		CERTIFICA	IE OF DEATH	Reg. Dist. No.
City or town	imore unt Wilso outside eity or town i e of death? O yr r street address where Md.T.B.S. or institutio O yr.	imits, write RURAL and give nearest town) 58 mos.,18 days death occurred: Mt.Wilson antorium 58 mos.,18 days	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of restate	nly al Ave., Balto., Md., write RURAL and give nearest town) ryland
		(6.(a) Single, married, widowed, or divorced	11	
Female	5. Color or race White	Single		ERTIFICATION 13, 148 14:30 F
7. Birth date of deceased (mo., day, 8. AGE: Year	y Novem	ber 27, 1925 Days It less than one day 16	21. I CERTIFY that death occurred on the date about March 25. and that I last saw h. er alive on Dece Immediate cause of death Pulmonary Tubercu. Due to Tubercle Bacil	48 b Dec. 13, 1948 ember 13, 1948 losis 42 yrs
10. Usual occupation.			Due to	
12. NameAC	hille Br	essi	Diher conditions Bronchial Pl tula	and he of doubt
14. Malden name 15. Birthplace I	taly	Difrencico	Major fiadings of operations No operation Date of op.	
t8. InformantE] Address 407 t7Burial (Burial, cremation) Cemetery or crema Location443. 18. Funeral director.	S.Centra S.Centra M. or removal. Which Holy Re O Belair Frank De	Bressi 1 Ave., Balto.2, Md. Date thereof 12/16/48 (month) (day) (year) Edeemer Cemetery Rd., Balto., Md. lla Noce St., Balto., Md.	Antopsy results. No autopsy PHYSICIAN: Please underline the cause to wh 22. VIOLENCE: It death was due to external cause Accident, suicide, or homicide	ses, till in the tollowing; Date of
		Itelan R. Mayer	23. SIGNATURE WILSON, Md.	Date signed 12/13/48



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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The edit is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12157

FILM No. G 118 JAN 21 1949

CERTIFICATE OF DEATH

Reg. Diat. No.....

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Woodstock, MS.	State Maryland County Parl
(If outside city or town limits, write RURAL and give nearest town)	Hoodsfort
How long in above piace of death?	(If outside city or town limits, write RURAL and give nearest town)
Hoodstock College	Street No.
How long in hospital or institution?	(If rural, give LOCATION)
3. (a) FULL NAME	3. (b) Social Security Number
Tes. John A. S. Brown	en A. S.J.
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
M S	20. DATE OF DEATH &C 9 19 48 81 11 4.
6,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	19 1 2 2 19 1 5 to Place 9 19 14 6
7. Birth date of Schober 2/ 186 G	and that t last saw h 127 alive on Q la 8
acteases (mo., oa).)1.7	Immediate cause of death DURATION DURATION
8. AGE: Years Months Days If less than one day 8	Standing Sipol49 ale
9. Birthplace. New York, ny.	Due to. Deld age
Town, county, and state)	0
1D. Usual occupation.	Due Io
11. Industry or business Religious - Clergyman	
12. Name Not Known	Dther conditions
13. Birthplace	(Include pregnancy within 3 months of death)
置 14. Malden name	(Include pregnancy within 8 months of death)
15. Sirthplace	Major findings of operations
He had been the	Date of op.
Address Novaskus College	Autopsy results
Durie 12/13/40	22. VIOLENCE: If death was due to external causes, fill in the following;
17. (Burial, cremation, or removal. Which?) Date thereof (mooth) (doy) (yeor)	Accident, suicide, or homicide
Gemetery or crematory Cemelery	Where did injury occur?
Location on grounds	Injured at home, farm, industry, public place (where?)
ml A wale Be Harle	Means of Injury Injured at work?
18. Funeral director	1 1 1 1 1
Address / 7 / E West St. I gath my	23. SIGNATURE Serial Historias
19. Ale 13 19. 48 a.W. Nedrich	600 M. D. or other 10/11/11/11/11/11/11/11/11/11/11/11/11/1
(Date rec a by registrar) Registrar	Address Date signed

2411 N. Charles St., Baltimore

1370

12158

CERTIFICATE OF DEATH

Reg. Dist. No. 49

1. PLACE OF DEATH: County Baltimore Cily or town Fort Howard, Maryland (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 23 days Hospital, Institution, or street address where death occurred: Vetsa Adma Hospe Fort Howard, Md. How long in hospital or institution? 23 days	2. USUAL RESIDENCE (HOME) OF DECEASED: (For rewhorn infants give residence of mother) State Maryland County City or town (If outside city or town limits, write RURAL and give nearest town) Street No. 141 No Exeter Sto (If rural, give LOCATION) 2.(a) If veteran, name war. WW-1		
3.(a) FULL NAME	3. (b) Social Security Number		
ABBOTT BROWN	217-09-0536		
4. Sex 5. Color or race 8.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male Negro Single	20, DATE OF DEATH December 8 19. 48 21 7:00A		
6.(b) Name of hueband or wife single 6.(c) If alive, give age ye 7. Birth date of December 25 1983	21. I CERTIFY that death occurred on the date above slated; that I attended deceated from		
deceased (mo., day, yr.) December 25, 1883	Immediata cause of death OURATION		
8. AGE: Yeare Months Daye il leee Ihan one day	Rupture of Bladder 6 Days		
64 11 13hrsm			
9. Sirthplace Petersburg, Virginia (Town, county, and state)	Lower Nephron Nephrosis 6 Days		
10. Usuat occupation laborer 11. Industry or business 12. Name John Brown 13. Birthplace Virginia	Other conditions Hypertrophied Prostate 6 Mos.		
14. Maiden name Sarah Lewis 15. Birthplace Virginia	(thelude pregnancy within 8 months of death) Major findings of aperatians. Date of op.		
16. Informant Clinical Records, Vets. Adm. Hosp. Address Fort Howard, Md.	PHYSICIAN: Please underline the eanse to which death should be charged statistically.		
17. Burial Date thereof 12-14-18 (Burial, eremation, or removal. Which?) Cemetery or crematory Petersburg, Va.			
	Injured at home, farm, Industry, public place (where?)		
Location	Means of Injury Injury Injury		
18. Funeral director	23. SIGNATURE PRACE M.D. M.D. or other		
(Date ree'd by registrar) Regist	ar I Addrees VAH, FT. HO.A.D. ID. Date eigned 2-9-18		

. The correct age legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and

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SE WRITE PLAINLY, is especially

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12159 XX

	Neg. Dist. 140.
1. PLACE OF DEATH County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother)
City or town	City or town County County County Outside city or town Duits, write RURAL and give nearestown) Street No. County County Duits, write RURAL and give nearestown)
How long in hospitat or institution?	(If tural, give LOCATION) 2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Cary Drown	3. (0) Sucial Security Rumber
Temple Eslaced Married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.4. I to 19.4. I and that I last saw h. C alive on
8. AGE: Years Months Days It less than one dayhrsmin.	Immediate cause of death DURATION
9. Birthplace (Town, county, and state)	Oue to Broncho precemonia Busel
10. Usual occupation Arusewife	Due 10
11. Industry or business 12. Name Olbert Browne 13. Birthplace Eastern Shore Md	Dither conditions of perturbations
14. Maiden name Elsigne 7 15. Birthplace Eastern Shore Sud.	(Include pregnancy within 3 months of death) Major findings of operations
15. Birthplace Eastern Shock Ind.	Date of op.
16. Intermant Mac gracet Miles Address Rack River Mr. Drad.	Actopsy resolts
11 Burial, cremation, or removal. Which?) Que thereof. (Burial, cremation, or removal. Which?)	22. VtOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory It Slephens Com	Where did Injury occur?
Location Essery med	tnjured at home, farm, Industry, public place (where?)
18. Funeral director Mus Wolf of Ellerito Dat.	Missis of Injury Injured at work?
Address 1129 n. Carline Sp	23 SIGNATURE Mexical St mend
19. 12-/3/(8 19.) Thus Comelley (Date fee'd by/registrar) (Date fee'd by/registrar)	Address 4171/ Zasteru are Date signed 12:30-48

Celu, 1908



BUREAU Y. S.

2411 N. Charles St., Baltimore

Reg. Dist. No.

1. PLACE OF DEATH:			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
			State Maryland County Baltimore	
ity or townEc	igemere	nita, write RURAL and give nearest town)		
			City or town	arest town)
ow long in above pla ospital. Institution,	or street address where d	eath occurred:	Street No. 5111 Lynch Road	
31	Lll Lynch Ro	ad	(If rurel, give LOCATION)	
ow tong to hospital	or institution?		2.(a) tt veteran, name war	
3. (a) FULL NAI	ΜĒ		3. (b) Social Security	Number
. (2)		er L. Bryan		
. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male	White	Married	20, DATE DF DEATH December 14, 1948 19	3:25 A
-	Lors	ine Bryan		
			10ex. 13 19.48 10. 10ex 14	
7. Sirth date of			and that I last saw h MM alive on Llec 13	19.4
deceased (mo., da)	Sept, 1	8, 1903	Immediate cause of death	DURATION
8. AGE: Yes	ars Months	Days If tess than one day	Subarachnoid Halmorhage	3 NOK
45	2	26hrsmin		***
Be	ltimore		Due to	***
g. Birthplace	(Town,	eounty, and state)		007
10. Usuat occupation	Bethlehe	em Ste 1 Co.,	Due to	
11. Industry or busin	ess			
		an	Other conditions awulsway Pet hand	Hyear
12. Name George Bryan 13. Birthplace Maryland				
	-	McJilton	(Include pregnancy within 3 months of death)	
14. Maiden nam	euaran		Major fiedings of operations	
			Date of op	,,,,,,,
16. Interment Mrs. Loraine Bryan			Actopsy results	A statistica Na
Address 3111 Lynch Road				statisticany.
			22. VIOLENCE: It death was due to external causes, fill in the following:	
(Burial, cremation, or remayal, Which?) Date thereot. (month) (day) (year)		Date thereot. (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory			Where did tojury occur?	(State)
Balto Co Md			Injured at home, farm, Industry, public place (where?)	
Location			Meens of Injury Injured at work?	
18. Funerat director	alluk	Tunul Home		
Address 2	008 On	leans St	SIGNATURE MBanngarher	
111-	16 118	Rwied.	M. D	or other
19	registrar)	Registrs	Address Bultu 6 Date signed	12-15-

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Rev. Dist. No. 33

	Keg. Ditt. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME James Thomas Pen	3. (b) Social Security Number
4. Sex Sex Solor or race S.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH. 19 45 at 6 9
S.(b) Name of husband or wife Sylve Auding Bull	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(e) If alive, give age 50 years	and that I last saw h
deceased (mo., day, yr.) July 3 1890	Immediate rause of death DURATION
8. AGE: Years Months Days If less than one day 58 5 10	Meledon arriva
9. 8 irthpiace	Due to.
11. Industry or business Black & Dechu. 12. Name	Due to
Balto and	
13. Birthplace H 14. Maiden name Sarah J. Bahr 15. Birthplace Bolto C. 2014	(Include pregnancy within 3 months of death) Major findings of operations
E 15. 8irthplace / 2066 G.	Date of op.
16. Informant 3164 Jemes J. Bull	Autopsy results
Rate and ad	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Date thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Cemetery or crematory Less Provoly Bather Church	Where did Injury occur?
Location	
18. Funeral director See Rock Co.	Mssns of injury Injured at work? 23. SIGNATURE. A. H. France
19. Dec 14 1948 Colonia J. S. Colonia J. Registrar	Address Furtitum and Date signed 1×112/4

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(Date rec'd by registrar) 19 48

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

103 W. 39th. St.

Address.

12162

M. D. onother

. Date signed Duc. 19

CERTIFICAT	TE OF DEATH Reg. Diat. No. 38	
1. PLACE OF DEATH: Baltimore County	Street No. (Ifrural, give LOCATION) 2.(a) If veteran, name war.	
3. (a) FULL NAME Bernadette C. Burch	3. (b) Social Security Number	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced Female white widow	MEDICAL CERTIFICATION 20. Date of Death	
Benj. W. Burch 6.(c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) Nov. 1, 1882 8. AGE: Years Months Days It less than one day 66 1 17 hrs. min. 9. Birthplace County, and atate) 10. Usual occupation none 11. Industry or business 12. Name Br. Charles Coombs 13. Birthplace Leonardtown, Md.	21. I DERTIFY that death occurred on the date above stated; that Ontended deceased from 19.48 and that I last saw h IV. allye on 19.45. Inmediate cause of death DURATION Due to Descriptions (Include pregnancy within 3 months of death) Major findings of operations.	
16. Intermant Benja We Burch Jr. Address Wilmington, Dele 17. Burial Bate thereof 12/20/48 (Burial, cremation, or removal, Which?) New Cathedral Location Baltoe Mde 18. Funeral director Thus On Tathelf Thereof Address 1900 Eutaw Place	Actopsy results. PHYSICIAN: Please underline the caose to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, till in the tollowing: Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State) Injured at home, tarm, industry, public place (where?) Meens of injury 10. Use of the county	

a. W. Hedrich Registrar

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH County City or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants giveresidence of mother) State
(If outside city or town limits, write RURAL and give nearest town)	City or town mr. Foh wid
How long in above place of death?	City or town
Hospital, Institution, or street address where death occurred:	Street No. A. J. D. A. T. J. C.
	(If rural, give LOCATION)
How long in hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME Calch G. Burt	3. (b) Social Security Number
4. Sex S. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
116 111 (1100000000000000000000000000000	20, DATE OF DEATH WICEMBEL 9 15 8 at 2 17.
6.(b) Name of husband or wife	21. 1 CATILY that death occurred on the date above stated; that I attended deceased from
	Dec. 1 1948 10 Lice. 9 1948
7. Birth date of	and that I last saw h. alive on
deceased (mo., day, yr.)	Immeliate cause of death
8. AGE: Years Months Days If less than one day	Torono poreumona 5'09
88 2 /hrsmin.	
mi	Due to acreard Thrombons 9 day
9. Birthpiace(Town, county, and state)	
1D. Usual occupation.	Hypertenur Cardio -
11. Industry or business	Masculas Disease
12. Name	Dther conditions
13. Birthplace	(Include pregnancy within 3 months of death)
14. Malden name Jouise Joda 15. Birthplace	
15. Birtholace MA' —	Major findings of operations.
De Raymond Bundan.	
16. Informant	Autopsy results
Address Harde Mr.	
Biring Dec. 11-48	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?) Date thereof	Accident, suicide, or homicide
Cemetery or crematory Maus Cuspel Com	Where did Injury occur?
thousand the di	Injured at home, farm, industry, public place (where?)
Location	Means of Injury Injured at work?
18. Funeral director Clauser L. autur	means of injury
Address For Md.	theford & bludson M &
AUDIESS OF C.TL.	23. SIGN MATERIAL STATES
19 Dec. 10 1948 E.Z. William	Tarke Md. 17/9/V
(Date rec'd by registrar) Registrar	Address

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BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore

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CERTIFICATE OF DEATH

eg. Dist. NAL

	Nosi Dine Nomanananan		
1. PLACE OF DEATH:	2. USUAI. RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Baltimore	Marrie 2 /		
City or town (If outside city or town limits, write RURAL and give nearest town)			
How long in above place of death? 20 days	(If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:	Sireet No. 1211 Shields Place		
V.A.H. Fort Howard, Md.	(If rural, give LOCATION)		
How long in hospitat or institution? 20 days	2.(a) tt veteran, name war. WW I		
3. (a) FULL NAME	3. (b) Social Security Number		
OTTO L. BURTON	Unknown		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male Colored Married	20, DATE DE OEATH December 5, 19 48 216:45 A. M		
772	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
6.(b) Name of husband or wife Florence Burton	November 15, 19 48 10 December 5, 19 48		
7. Birth date of	years and that t last saw h im alive on December 5, 1948		
7. Birth date of deceased (mo., day, yr.) March 5, 1895			
8. AGE: Years Months Days It less than one day	DTTAMAMTON AND INTERMIDODISE DITORM		
53 9 0hrs.			
9. Birthplace. Baltimore, Maryland			
9. Birthplace. Baltimore, Maryland (Town, county, and atate)	PULMONARY EMPHYSEMA AND ASTHMA 10 yrs.		
10. Usual occupation Unemployed			
11. Industry or business	Que 10		
12. Name			
12. Name			
	(Include pregnancy within 3 months of death)		
Sarah Jones 14. Malden name Virginia Virginia	Major findings of operations		
≥ 15. Birthplace	Date of op.		
16 Interment Clinical Records, Vets. Adm. Hosp.	Autopsy results Substant tiated above		
Address Fort Howard, Maryland	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
AUU1033	22. VIOLENCE: If death was due to external causes, fill in the following:		
17. Burial (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, sulcide, or homicide		
Cemelery or crematory Baltimore National Cemetery	Where did Injury occur?		
Location Baltimore, Maryland			
18 Funeral director Charles R. Law	Manne of Injury tolured at work?		
Address 802 Madison Ave., Baltimore Md.	123 SIGNATURE H.C. Manaegl.		
. 4000 8 .48 a.W. ledu	H.C.MANAUGH, M.D., CHIEF PROFESSIONAL SERVICES		
(Date rec'd by registrar) Regis	strar Address VAH FORT HOWARD Do Date signed 2		

VS A15

	PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The causes of death clearly and legibly	
	d UNFADING INK. Supply evortant. Physicians: please write	
I	PLEASE WRITE PLAINLY, WITH is especially impo	

FUIPENCE FOR ADDITION MARYLAND STATE DE 10 # 21 SHOWN 8N. 25 1949CERTIFICAT		12165 Reg. Diet. No. 44
1. PLACE OF DEATH: Daltimore, County	2. USUAI. RESIDENCE (HOME) OF (For provident infents give residence of n Maryland Coue Ealtimore (If outside city or town limite. Street No. 1205 N. Broadway (If rurst, give SAW)	write RURAL and give neerest town) LOCATION)
3.(a) FULL NAME ROBERT L. BYRUM		3.(b) Social Security Number Unknown

How long in above place of death? 4 days Hospital, institution, or street address where death occurred: Vets. Adm. Hospital, Ft. Howard, Md. How long in hospital or institution? 4 days. 3.(a) FULL NAME			(If outside city or town limite, write RURAL and give neerest town) Street No. 1205 No. Broadway (If rurs), give LOCATION) SAW 3. (b) Social Security Number			
						ROBERT
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced White Widower					oer 30, 4	9 , 10:10
6.(6) Name of husband or wifs 6.(c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) 3-13-72			December 27 and that I last saw h im alive of	n the date above stated; that I affended d 19. 48. fo. December 30	her 3019 43	
8. AGE: Years		Days 17	is less than one dayhrsmin.	Purulent Bronch Pneumonia, bu	P	2 days
9. Birthplace. Windsor, N.C. (Town, county, and stote) 10. Usual occupation. 11. Industry or business 12. Name. Jessie Byrum 13. Birthplace North Carolina Martha Pierce				Due to	ey within 3 months of deeth)	
14. Maiden name. North Carolina 15. Birthplace North						
16. Informant Clir Address For	ical Reco	Maryl	ets. Adm. Hosp.		conse to which death should be cher;	aed statistically.
17. Burial Date thereof (month) (day) (year) (Burial, cremetion, or removal Which?) Cemetery or crematory Baltimore, National Cemetery			Accident, suicide, or homicide,	o external causes, fill in the following: Date of ty or town) (County)	(State)	
Baltimore, Maryland 18. Funeral director Howard Blight Journal A. Blight J.			tnjured at home, farm, industry, pub Means of injury	offic place (where?)		
	9 Harford	Rd., 1	Beltimore, Md. 2. W. Hedush Registrat	23. SIGNATURE Paul Ande	2 Quedus	D. or other

WRITE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
Edward Graffon Carlisle	
Mala White Widowed B. (b) Name of husband or wife Marietta Carliale	MEDICAL CERTIFICATION 20. DATE OF DEATH
7. Birth date of 2 years	and that I last saw h in alive on December 22 18 48
8. AGE: Years Months Days If less than one day	Immediate cause of death Coronary Thrombon: 15 Main
9. Birihpiace Balto Co. Mile. (Town, county, and atate)	Due to Arterios claratio C. V. Disease 10 yrs.
10. Usual occupation KETERZA	Due to
11. Industry or business 12. Name Dayrd Ge Carlin Le 13. Birthplace Balto G. Mil.	Other conditions
14. Maiden name Schney Frances Gill	(Include pregnancy within 3 months of death) Major findings of operations.
16. Informant agree Gill Carlisle	Actopsy results
Address 100 W. Uneversely Plany 17. (Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, till in the following: Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur? (City or town) (County) (State)
Location Williams Bok Syst	Injured at home, farm, Industry, public place (where?)
Address /217 St. Paul J.	23. SIGNATURE Martin E. Strobel M. D. or other Receters town Ma. 12/24/48
19	Address Date signed Date signed

PLEASE

VS A15

MARYI	AND	STATE	DEPARTMENT	OF	HEALT

2411 N. Charles St., Baltimore

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120	15	and the	

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CERTIFICATE OF DEATH

	Reg. Disc. No.		
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For pewborn infants give residence of mother)		
County Baltimore			
City or town Fort Howard (If outside city or town limits, write RURAL and give nearest town)	State Maryland county		
How long in above place of death? 111 Days	City or town		
How long in above place of death?			
Vets. Adm. Hosp., Ft. Howard, Md.	Street No. 959 N. Wolfe Street		
How long in hospital or institution? 111 Days			
	2.(a) If veteran, name war WII-2		
3. (a) FULL NAME	3. (b) Social Security Number		
CALVIN J. CARR	215-22-4652		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male Colored Single	D 1 72		
0: -2-	20. DATE OF DEATH. December 13, 19 48 all:10 P. M		
Single	21. I CERTIFY that death occurred on the date above stated; that I ettended deceased from		
6.(c) If alive, give ageyears	August 24, 19 48 10 December 13, 19 48		
7. Birth date of	and that I fast saw himalive onDecember 13		
deceased (mo., day, yr.) May 16, 1926	Immediate cause of death		
8. AGE: Years Months Days If less than one day	Ulcerative Colitis with 1-1/2 Yrs		
22 6 27hrsmin.	Cardiorespiratory Failure Unknown		
Raltimore Md.	Due to.		
9. Birthplace Baltimore, Md. (Town, county, and state)	Due to		
tD. Usual occupation. Unemployed			
	Due to.		
11. Industry or business			
불 12. Name Ben Carr	Other conditions		
3. Birthplace South Carolina	(Include pregnancy within 8 months of death)		
14. Malden name Annie Miller			
14. Malden name Annie Miller 15. Birthplace Virginia	Major findings of operations Ileastamy		
	Date of op. 12-11-48		
te Informant Clinical Records, Vets. Adm. Hosp.	Autopsy results None Performed		
Address Fort Howard, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
	22. VIOLENCE: If death was due to external causes, fill in the following;		
Burial (Burial, cremation, or removal, Which?) Baltimore Baltimore National Cemetery	Accident, suicide, or homicide		
Haltimone National Comptent	Where did Injury occur? (City or town) (County) (State)		
Cemetery or crematory Baltimore, Maryland			
Location	Injured at home, farm, Industry, public place (where?)		
Elliott Funeral Home	Meens of injury tnjured at work?		
1129 N. Caroline St., Balto., Md.			
Address	23 SIGNATURE H.C. Manausl		
12/14 to 18 10 Nowel	H.C. MANAUGH, M.D. Chief Progress. Address VAH, FT. HOWARD, ND. Date signed 12-11-48		
(Date rec'd by registrar) Registrar	Address VAH, FT, HOWARD, ID. Date signed 12-14-48		

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICA	IE OF DEATH	Reg. Dist. No	
1. PLACE OF DEATH: County Baltimore County	2. USUAL RESIDENCE (HOME) 0 (For newborn infants give residence of	F DECEASED: mother)	
Comor	State Maryland Co	Baltimore	3
(If outside city or town limits, write RURAL and give nearest town)	City or town		
ow long in above place of death?		s, write RURAL and give ne	arest town)
ospital, institution, or street address where death occurred: Harford Road	Street No. Harford Road	***************************************	
	(At Lucius, Maria	LOCATION)	
ow long in hospital or institution?	2.(a) It veteran, name war		
B. (a) FULL NAME		3. (b) Social Security	Number
Arthur C. Carroll		214-01-7	567
Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL C	ERTIFICATION	
male white married	20. DATE OF DEATH. December 1	4, 19 48	10
(6) Name of husband or wife Mary L. Carroll	21. I CERTIFY that death occurred on the date ab		
	afor. 10 19	43 10 Lew.	19.5
Birth date of deceased (mo., day, yr.) February 3, 1907	and that last eaw harmalive on		
B. AGE: Years Months Days If less than one day	Immediate sause ol death		DURATIO
41 10 11hrsmie	Myocardial	degener -	?
Baltimore, Maryland (Town, county, and state)	Due to Phone atic	Leve	childho
		2	
D. Usual occupation Supt.	Due to		
11 Industry or business H. E. Crook Company			
12. Name William W. Carroll	Other conditions Shialeto 20	callities	4 yes
13. Birthplace Baltimore County, Maryland			
14 Maiden name Birdie Mae Glanville	(Include pregnancy within 3	months of death)	
	Major findings of operations	*******************************	*** **** ** * * * * * *
15. Birthplace Baltimore, Maryland			
t6. Informant Mr. William H. Carroll	Autopsy results		
Address 3501 Longfellow Street, Hyattsville	PHYSICIAN: Please underline the cause to w	hich death should be charged	statistically.
	22. VIOLENCE: If death was due to external car		
(Burial, cremation, or removal, Which?) Date increof. (month) (day) (year)	Accident, suicide, or homicide	Date of	
Cemetery or crematory Parkwood Cemetery	Where did injury occur?(City or town)	(County)	(State)
Location Parkville, Maryland			
		Injured at work?	
18 Funeral director Wm. Cook, Inc.			

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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Reg. Dist. No ...

		The state of the s		
1. PLACE OF DEATH: Baltimore		2. USUAL RESIDENCE (HO!	ME) OF DECEASED:	
	*************************************	Slate Md.	county Baltimore	9 5
City or town. TOWSON. (If outside city or town limits, write RURAL	City or town Townson	Cha Cal		
How tong in above place of death?			own limits, write RURAL and give n	
408 Fairmount Ave			ount Ave.	
Now long in hospital or institution?			ural, give LOCATION)	
3. (a) FULL NAME		atter it votered, memo wet	V	
BERTHA			3. (b) Social Security	y Number
4. Set 5. Color or race 6.(a) Single, marrie	d, widowed, or divorced	MEDIC	CAL CERTIFICATION	
Female Colored Ma	arried	20, DATE OF BEATH Deau	der 23. 1948	3:00 A
6.(8) Name of husband or wite tevi T. Can	roll	21. I CERTIFY that death occurred on the	ne dale above stated; that I attended de	
7. Birth date of	e, give ageyears	and that I last saw bear alive on .		12
deceased (mo., day, yr.) July 12, 189				DURATION
8. AGE: Years Months Days tt le	ess thao one day			- Brown
57 5 11	hrsmln.	apople	Jul -	HURRE
9. BirthplaceWest Indies (Town, county, and state)		Due to D	141	
		Willio-*	Illiase	
10. Usual occupation Housewife		Due to.	Material -	cara
11. Industry or business		01		
E 12. Name Willsam Bradshav	7	Other conditions	••••••	
			0.0000	
Jane Chanpigne	,	(Include pregnancy		
15. Birthplace West Indies	***************************************	The second secon	•••••••••••••••••	
		***************************************	Date ot op	************************
16. Informant Mr. Levi T. Carroll	••••••		use to which death should be charge	
Address 408 Fairmount Ave.				d statistically.
17 Burial (Burial, cremation, or removal, Which?)	2-28-48 (month) (day) (year)	22. VIOLENCE: It death was due to er		
			Date of	
Cemetery or cremator Mt. Auburn Cema	•ו•••••××ווווווווווו	Where did injury occur?(City o	or town) (County)	(State)
Location Baltimore Md.		Injured at home, tarm, Industry, public	place (where?)	
18. Funeral director Mrs. Frances A. I	Temal err	Means of Injury	tnjured at work?	
	::::::::::::::::::::::::::::::::::::::	1	11	111
Address 578 W. Biddld St	0 6 1	23. SIGNATURE	Kelluk	More
Onte ree'd by regions 18	31 mel	1/1	M. D	or other
(Date rec'd by registration	Registrar	Address Lawrence	Date signer	1212 11 1

WRITE PLAINLY, is especially

PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

CERTIFICATE OF DEATH

ounty Baltimor				(For newhorn infants give residence of mother)		
County	more		4	State Maryland Cou		
City or town	L'Ort.	HOWard	URAL and give nearest town)	70-71-4		
How long in chave place	of death? Appro	oximate	ly 5 Hrs.	City or fown Balthmore (If outside city or town limits	write RURAL and give nea	rest town)
Rospital, institution, or	street address where	death occurred	i :	Street No. 15 S. Tremont Re	oad	,
Vets. Adm.	. Hospital	Ft. F	Howard, Md.	(10 manual missa	LOCATIONS	
How long in hospital or	Institution? Appro	oximate	ly 5 Hrs/	2.(a) It veteran, name war	•••••	V
3. (a) FULL NAM	the same of the sa				3. (b) Social Security	Number
	BEN	JANIN 3	L. CHIDLAW		Unknown	
4. Sex	5. Color or race	6.(a)Sing1	e, married, widowed, or divorced	MEDICAL CI	ERTIFICATION	
Male	White	Mar	rried	20. DATE OF DEATH December 27	1.8	. 0.1.0 D.
				21. I CERTIFY that death occurred on the date abo		
6.(b) Name of husband	or wifeJ.11.1.1	a Chid	law			
			c) 11 alive, give age	December 27,		
7. Sirth date of	10-8-9	22		and that I last saw h.i.malive on		
deceased (mo., day,) 8. AGE: Years		Days	I less than one day	Immediate cause of death		
	the second second second			Congestive Cardiac F.	ailure due to	5 Yrs
56	5 2	19	hrsmin.	Arteriosclerotic hear	t disease	plus
a Rirthniace Ph	iladelphia	. Pa	state)	Due to		Š
10. Usual occupation	Construct:	ion Wor	ck	Due 10		
11. Industry or busines	4			50E 15		
		dlaw		Diber conditions		
13. Birthplace		43-444 257 A 7				
				(Include pregnancy within 3 r	months of death)	
14. Malden name.	Catherine	e Irvi	Q	Major findings ul operations		
14. Maiden name.	Pennsylvan	ia		hisjot sudiage at operanous.		
C1:	nical Dans	ada Tr	ets. Adm. Hosp.	Autopsy results no autopsy		
				PHYSICIAN: Please underline the cause to wi	hich death should be charged	statistically.
Address	Fort How	ara, Ma	aryland	22. VIOLENCE: If death was due to external cau		
" Burial		Date ther	eol /2- 3/ 48 (month) (day) (yeer)			
17. Burial (Burial, cremation	or removal, Which?)	(month) (day) (year)	Accident, suicide, or homicide,		
Cemetery or cremate	Baltimo	re Nat	ional Cemetery	Where did injury occur?(City or town)	(County)	(State)
	Baltimo	re. Man	ryland	Injured at home, farm, industry, public place (w		
				Meens of Injury	Injured at work?	
18. Funeral director	Farley	runera.	T HOWE	meetre of regary	injured of treekt	
Address Frede	rick Ave &	Shady	Nook Catonsville	23. SIGNATURE Itemanumh		
/	1.00	0	m S. Connedly	H.C. MALAUGH, M.D.	Chief Pro McDa	pr other
19. (Date rec'd by re	gistrar) 19	AV	M/J. Comment	Address VAH, Ft. Howard	Md. Dale signed.	12-28-18
(-		/			



County Catonsville City or town (If outside city or town limits, write RURAL and give nearest town) City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 10 years, 10 months, 13 days Hospital Institution, or street address where death occurred: Spring Grove Etate Hospital How long in hospital or institution? 10 years, 10 months, 13 days 3. (a) FULL NAME Irene Yopps (Coates) 4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced 4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced 6. (b) Mame of husband or wite (Arnold Yopps) (Charles Co & 1/2) 6. (c) Halive, give age years 7. Sirth date of 6. (a) Full live, give age years 8. Age: Years Months Days If less than one day 8. Age: Years Months Days If less than one day 10. Usual occupation. housewife Due 11. Industry or business homes Maryland Baltimore 12. Name James Maryland Baltimore 13. Birthplace Maryland Maryland 14. Maiden name Mary F. Perry 15. Birthplace Maryland 16. Informant Hospital Records And 16. Informatic Hospital Records And 16. Informatic Hospital Records And 16. Informatic Hospital Records And 1	County	CERTIFICAT	
How long in hospital or institution? 10 years, 10 months, 13 day 2.6 3. (a) FULL NAME Irene Yopps (Coates) 4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced female white divorced 6. (b) Mame of husband or wife (Arnold Yopps.) (Charles Co the state of deceased (mo., day, yr.) February 6, 1902 (1895.) 8. AGE: Years Months Days If less than one day (53) Marryland Baltimore 9. Birthplace Maryland Baltimore 10. Usual occupation housewife 11. Industry or business home 12. Name James M. Hargest 13. Birthplace Maryland 14. Maiden name Mary F. Perry 15. Birthplace Maryland 16. Intermant Hospital Records And Maiden name Maryland 16. Intermant Hospital Records And Maiden name Maryland 16. Intermant Hospital Records And Maryland 16. Intermant Hospital Records And Maryland 18. Intermant Hospital Records And Maryland 19. Intermant Hospital Records And Maryland 19. Intermant Hospital Records And Maryland 19. Intermation Hospital Records And	How long in hospital or institution? 10 years, 10 months, 13 days 20 3. (a) FULL NAME Irene Yopps (Coates) 4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced female white divorced 5. (b) Name of husband or wife (Arnold Yopps) (Charles Coste) 6. (c) Halive, give age years years 7. Birth date of deceased (mo., day, yr.) February 6, 10 months 1895 8. AGE: Years Months Days If less than one day (53) May 10 15 hrs. min. 9. Birthplace Maryland Baltimore Due 10. Usual occupation housewife Due 11. Industry or business home 12. Name James Maryland 13. Birthplace Maryland 14. Maiden name Mary F. Perry 15. Birthplace Maryland 16. Intormant Hospital Records Address Catonsville 28 Md. 17. (Burial, cremator, or removal, Whiteh) Cemetery or crematory Loudon Park Location Frederick Rd. Balto: Md. 10. Indiction May May 11. Indiction May May 12. Records May May 13. Birthplace Maryland 14. Maiden name Mary F. Perry 15. Birthplace Maryland 16. Intormant Hospital Records Address Catonsville 28 Md. 17. (Burial, cremator, or removal, Whiteh) 18. Cemetery or crematory Loudon Park Location Frederick Rd. Balto: Md. 19. Location Frederick Rd. Balto: Md. 19. Location Loudon Park Location Loudon Park Location Loudon Park Location Frederick Rd. Balto: Md. 19. Location Loudon Park Location	County	Sta
female white divorced 6.(b) Name of husband or wife. (Arnold Yopps.) (Charles Cost. 7. Birth date of deceased (mo., day, yr.) February 6, 1895) 8. AGE: Years Months Days If less than one day (53) May 10 15 hrs. min. 9. Birthplace Maryland (Baltimore) 10. Usual occupation. housewife. 11. industry or business home 12. Name James M. Hargest. 13. Birthplace Maryland 14. Maiden name Mary F. Perry Mayland 15. Birthplace Maryland 16. informant Hospital Records. Au	female white divorced 6.6) Name of husband or wife (Arnold Yopps) (Charles Cost Cost Cost Cost Cost Cost Cost Cos		3 2.(
7. Birth date of deceased (mo., day, yr.) February 6, 1895 8. AGE: Years Months Days If less than one day (53) rd 10 15 hrs. min. 9. Birthplace Maryland (Baltimere) 10. Usual occupation. housewife 11. Industry or business home 12. Name. James M. Hargest NO Harden name Mary F. Perry 15. Birthplace Maryland Harden name Mary F. Perry 16. Intormant Hospital Records Augustant Ages of the stormant of the s	1. Birth date of deceased (mo., day, yr.) February 6, 10 (1895) 8. AGE: Years Months Days If less than one day (53) 10 15 hrs. min. 9. Birthplace Maryland (Baltimore) Due (Town, county, und state) 10. Usual occupation. housewife Due 11. industry or business home 12. Name James M. Hargest Dith 13. Birthplace Maryland 14. Maiden name Mary F. Perry Maidens Maryland 15. Birthplace Maryland 16. informant Hospital Records Address Catonsville 28, Md. 17. Burial remation, or removal Which? Date thereof (month) (day) (year) Cemetery or crematory Loudon Park Location Frederick Rd. Balto: Md.	female white divorced 6.(b) Name of husband or wife	-
9. Birthplace Maryland (Baltimere) 10. Usual occupation housewife 11. Industry or business home 12. Name James M. Hargest VI 13. Birthplace Maryland 14. Maiden name Mary F. Perry 15. Birthplace Maryland 16. Informant Hospital Records An	S. Birthplace Maryland (Baltimere) 10. Usual occupation housewife 11. Industry or business home 12. Name James M. Hargest Dith 13. Birthplace Maryland 14. Maiden name Mary F. Perry 15. Birthplace Maryland 16. Informant Hospital Records Address Catonsville 28, Md. 17. Burial remation or removal Which?) 18. Burial Cemetery or crematory Loudon Park Location Frederick Rd. Balto: Md. 19. Burial rematory Loudon Park Location Frederick Rd. Balto: Md.	7. Birth date of deceased (mo., day, yr.) February 6, 1902 (1895) 8. AGE: Years Months Days If less than one day	and
H. J. J. Birthplace Maryland H. Maiden name Mary F. Perry J. Birthplace Maryland Ma. Maryland 16. Informant Hospital Records Au	Hand and the seconds of the seconds of the seconds of the second of the	9. Birthplace Maryland (Baltimore)	
16 Informant Hospital Records An	Address Catonsville 28, Md. Address Catonsville 28, Md. 17. Burial Date thereot Dec. 23rd. 1948 (Burial cremator, or removal Which?) Cemetery or crematory Loudon Park Location Frederick Rd. Balto: Md.	Z 13. Birthplace Maryland	\$
	(Burial, cremation, or removal, Whieh?) Cemetery or crematory Loudon Park Location Frederick Rd. Balto: Md. toji	16 Informant Hospital Records	PH 22

How long in above place Hospital, Institution, o Spri: How long in hospitat c	Catons Catons outside city or town live of dealh? 10 year restrict address where ong Grove St	mits, write RURAL and give nearest town) ears, 10 months, 13 days death occurred: tate Hospital	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of m State Maryland Count City or town Baltimore (If outside city or town limits, Street No. 1811 Harford Ave (If rural, give L	write RURAL and give nearest tow	yn)
3. (a) FULL NAM	Irene Yopp			3. (b) Social Security Number - None	
4. Sex	5. Color or race	6 (a)Single, married, widowed, or divorced	MEDICAL CEI	RTIFICATION	
female	white	divorced	20. DATE OF DEATH December 21	1948,213	:25
9. Birthplace Maryland (Baltimore) 10. Usual occupation housewife			Right lower lober pro- undiagnosed Due to	,	day
10. Usual occupation.	s home		D 0		
10. Usual occupation. 11. Industry or busines 12. Name	home James M. Ha	argest	Diher conditions Prefrontal Lobo		
1D. Usual occupation. 11. Industry or busines 12. Name	James M. Ha Maryland	1	Diher conditions Prefrontal Lobo Johns Hopkins November (Include pregnancy within 8 mg		
1D. Usual occupation. 11. Industry or busines 12. Name	James M. Ha Maryland Mary F. H		JohnsHopkinsNovember (tactude pregnancy within 8 mo	nth/of death)48	
10. Usual occupation. 11. Industry or busines 12. Name	Maryland Maspital F	d Perry Records	Johns Hopkins November (thrilde pregnancy within 8 mg	nth/ of death) 48	ally.
10. Usual occupation. 11. Industry or busines 12. Name	Maryland Hospital F Catonsvil	Records Lle 28, Md. Date thereot. Dec. 23rd. 19 (month) (day) (year)	Major findings of operations. Autopsy results	Date of op	ally.
10. Usual occupation. 11. Industry or busines 12. Name	Maryland Hospital F Catonsvil	Records	Major findings of operations	Date of op	ally.
10. Usual occupation. 11. Industry or busines 12. Name	Maryland Hospital F Catonsvil	Records Lle 28, Md. Date thereot. Dec. 23rd. 19 (month) (day) (year)	Major findings of operations. Autopsy results	Date of op	ally.

Articlo Yopps was notin WITH UNFADING INK. Supply every item of information carefully important. Physicians: please write the causes of death clearly and

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12172 Reg. Dist. No. 42

		-				
1. PLACE OF DEA				2. USUAL RESIDENCE (HOME) 0	F DECEASED:	
				State Md. Cou	nty	
City or town			URAL and give nearest town)	11		
How long in above place of death?				City or town Halethorpe (if outside city or town limits	, write RURAL and give no	earest town)
Hospital, Institution, or s	street address where	Danidana		Street No	v.e	***************************************
***************************************	418 Maple					
How long In hospital or	Institution?		***************************************	2.(a) It veteran, name war		
3. (a) FULL NAME			NELLIE C. COOKS	EY	3. (b) Social Security	Number
4. Sex	5. Color or race	6.(a)Single	, married, widowed, or divorced	MEDICAL CI	ERTIFICATION	
F.	W.		Widow	20, DATE OF DEATH December 27,		10 A.M.
			ookseyyears	21. I CERTIFY that death occurred on the date abo	17 10 Dec. 27	19 48
7. Birth date of				and that I last saw heralive onDece		
deceased (mo., day, yr		er 12,	1875 tt less than one day	Immediate vauce of death		DURATION
8. AGE: Years 73	• • • • • • • • • • • • • • • • • • •	15	hrsmin.	Immediate values of death Cardiac failure		2 wks.
Beltimore Md.				Due to. Arteriosclero	tic cardio	***
9. Birthplace Baltimore, Md. (Town, county, and state)				vascular disease ?		
16. Usual occupation				Due to		
11. industry or business				500 100		
当 12. Name	James C.	Wheler	1	Other conditions		
12. Name	Canada					
me				(Include pregnancy within 3 i		
10				Major findings of operations		
🗵 15. Birthplace	Baltimor	e, Md.			Date of op	
16. Informant				Autopsy results	National April by Armer	d statistics No.
Address						u etatisticany.
			Dec 30 1948	22. VIOLENCE: If death was due to external cau		
17. Buri	or removal, Which	Date there	(month) (day) (year)	Accident, suicide, or homicide		
			em	Where did lajury occur?(City or town)	(County)	(State)
343				Injured at home farm, industry, public place (w		
			& Sons	Means of Injury	injured at work?	
				Leave A	1 m	(D)
Address /2/29	Baltimon	P Md	200 Helech	23. SIGNATURE SUMMENT		or other
(Date Lec'd by reg	gistrar)		Registrar	Address 3030 Edmondson A	venue Date signed	Dec. 28, 1

VS A15

The

supplied.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

13/0

Reg.	Dist.	No.	 	 	

12173

The CERTIFICAT	TE OF DEATH Reg. Dist. No	
f. PLACE OF DEATH COSE MA County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County County Ward No. (If outside city or town limits, write RURAL NEAR and give town)	air dir dir air
Stay in hospital or inst. (yrs., or mos., or days) Stay in this community (yrs., or mos., or days)	Streel No. (If rural give LOCATION) 2(a) IF VETERAN, NAME WAR	
3. (a) FULL NAME Mary Elinabeth Cork	3. (b) Social Security Number	
4. Sex 5. Color or yele 8.(a) Style. married, wildowed, or divorced Temple Colored Oxids with the sex of the	MEDICAL CERTIFICATION 2D. DATE DF DEATH	444m
7. Birth dale of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	and that I last saw h 23 allive on Acc 19 49 Immediate cause of death BURA	
9. Birthplace / Lyde Park Md. (Town, county, and state)	Chavis Curlis- Passeller - Sept Due to	w
10. Usual occupation Arusewife 11. Industry or business 12. Name Thomas Perator	Due to	
13. Birthplace md. 14. Malden name Francis Smith	Other conditions (Include pregnancy within 3 months of death) Major findings: PHYSI Please t	ICIAN underline
16. Informant Braddy Cooper JV. Address / Foperbell an Brily-Rotell	In cause death shou charged st cally.	to which
17.—Brian, cremation, or removal, Which?) Cemetery or crematory—Share Share Share Concepts Commetery or crematory—Share Share Shar	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide	
Location Bengles Ind. 18. Funeral director Mrs. Ostf. G. Ellisar Sangta	(City or town) (County) (State) Injured at home, farm, Industry, public place (where?) Means of Injury Injured et work?	
Address //2 9 77. Carsling St. 19. Ost 19 19 19 19 19 Registrar W. Registrar	23. SIGNATURE James Flittitt, M. R. M. D. or other Address Address Dale signed 19/16/	GY.
	porture ~1. Mrs.	

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

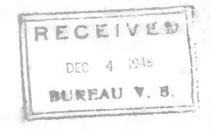
CEDTIFICATE OF DEATH

CERTIFICAT	Reg. Dist. No. 30
1. PLACE OF DEATH: County 24 Ocle ave (If outside city or town limits, write RURAL and give nearest town) Row long in above place of death? Hospilat, Institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State City or town (If outside eity or town limits, write RURAL and give nearest town) Street No. 34
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Baby Cospos A Sex S. Color or race S. (a) Single, married, widowed, or divorced	3. (b) Social Security Number
4. Sex S. Color or race 6.(a) Single, married, widowed, or divorced Single	2D. DATE OF DEATH LO & COMPLY 4 19 48 at 10 41
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 4. 5. 19
8. AGE: Years Months Days If iess than one day (2) 8. AGE: Years Months Days If iess than one day (2) 9. 8irthplace Della Ind (Town, county, and state)	Immediais cause of death DURATION USBAYIA Fall da 3. Due to
11. Industry or business 12. Name	Other conditions (Include pregnancy within 3 months of death)
14. Maiden name Bessie Finesen 15. Sirthptace MA	(Include pregnancy within 3 months of death) Major findings of operations
16. Informant Rendolph Corporal Address Della Ind	Autopsy results. PHYStCIAN: Please underline the cause to which death should be charged statistically.
17. (Burial, cremation, or removal Which?) Cemetery or crematory	22. VIOLENCE: if death was due to external causes, fill in the following; Accident, suicide, or homicide
Location Selfa Ind 18. Funeral director Se C Heginbothson	Injured at home, farm, industry, public place (where?) Means of Injury Injured at work?
19. 12 19. 15 TEs Harry (Date ree'd by registrar) Registrar	23. SIGNATURE TITIMALONEY M. D. or other Address Cetters 12 Md Bate signed 24 4/48

RESERVED FOR BINDING MARGIN PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and beginly

formect age

ASE



MARGIN RESERVED FOR BINDING

PLAINLY, WITH UNF is especially important.

WRITE

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

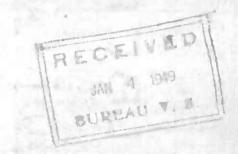
CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Balliner	(For newhorn infants give residence of mother)
City or town (If outside city or town limits, write RURAL and give nearest town)	State County
(If outside city or town limits, write RURAL and give nearest town)	City or lown Space Vaint
How long in above place of death?	ilf outside city or town limits, write RURAL and give nearest town)
Hospital, instilution, or street address where death occurred:	Street No. 0 1 100
	(if rural, give LOCATION)
How long In hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Llennis (v.	Cosonin
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male gelist married	20. DATE OF DEATH December 30 19 48 , 1 7:301.
Mary the Carrier	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6. (b) Name of husband or wife: Many M. Coomus	april 1947 10 Dec 30 1948
7. Birlh date of	and that I last saw h in alive on Decamber 28 19 +5
deceased (mo., day, yr.) Jan 24 1875	
8. AGE: Years Months Days Ifless than one day	Immediate cause of death Occlusion I Rouse
73. // 6.55hrsmin.	
ONO	11 QL.+6: 0 (1. A.
B. Birthplace	Due to
Tribane and seater	sclaratic Cardo - Vacular alexand
10. Usual occupation.	Due to
11. Industry or business Bethelium Blue Co	
12 Name Selinis Esonis	Other conditions
12. Name Soluis Esonus 13. Birthplace Alvalos	
24	(Include pregnancy within 3 months of death)
14. Maiden name Mary	Major findings of operations.
15. Birthplace Wales	Date of op.
18. Informan Mary M. Crowin	Autopsy results
C1-0 & 01 P. 4	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address of 16. It sparrous four	22. VIOLENCE: if death was due to external causes, fill in the following:
(Burial cremation or removal Which?) (Burial cremation or removal Which?)	Accident, sulcide, or homicide
(Burial, cremation, or removal, Which?) (month) (day) (year)	Where did Injusy occur?
Cemetery or crematory	
Location Cla Flacues Road	Injured at home, farm, Industry, public place (where?)
John G Molan	Means of injury injured at work?
18. Funeral director	DOACTO MA
Address 3000 & Baltime 84	23. SIGNATURE Olobert E. Jaiber M. D.
Die 30 - 48 Dawson J. Harl	Son source County Md Dot street 12-30-48
(Data rec'd by registrar) Registrar	Address Spances Voint 191 Date signed 12-30-78

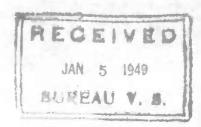
HEARING THE STREAM

STANDED THE SECOND OF A SAFETY OF A

1 /w / 1/2 /



FOR CHANGE OF MARYLAND STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED: on carefully. The exclearly and legibly. ewhorn infants give residence of mother) Street No (If rural, give LOCATION) 2.(a) It veteran, name war. How long in hospital or institution? 3. (a) FULL NAME 3. (b) Social Security Number 6.(b) Name of husband or wife 6.(c) If alive, give age deceased (mo., day, yr.) than one day 8. AGE: RESERVED MARGIN (Include pregnancy within 8 months of death) Major fiedings of operatious. PHYSICIAN: Please underline the cause to which death should be charged statistically. Address 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide..... Where did injury occur? RITE (City or town) Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work?



MARYL	AND	STATE	DEPARTMENT	OF	HEALTH

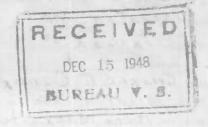
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

932

Reg. Diat. No. 39

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town (If outside city or town limits, write RURAL and give nearest town)	State MD COUNTY BALTIMORE
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	City or town
How long in 200ve place of death r	
	Street No
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
JOHN FREDERICK CU	DAY 215-10-7465
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
MALE INHETE SINGLE	20. DATE OF DEATH NCC. 4 1948 21 4 7
S,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	Cout. 1948, 10 Nee. 8 19 48
7. Birth date of	and that I last saw h. 5.7 alive on well 7 19.45
deceased (mo., day, yr.) A 2 4 - 8 4 8. AGE: Years Months Days If less than one day	Immediais cause of death
64 10 14min.	Chivingocarditis
9. Birthplace M. G. N. K. J. R. M. D. (Town, county, and state)	Due Io
1D. Usual occupation FARME A	
11. Industry or business	Due to
E 12 Name CHARLE & CUDDY	Other conditions
13. Birthplace Manuface Manuface Manuface	
14. Malden name AMARA MIRA HEISSE 15. Birthplace Mark Fay MP 16. Informant Mark Reach Carmon	(Include pregnancy within 3 months of death)
e le sussian Mars 4 Faus MA	Major fiadings of operations.
16. Informant Ang Reach Carrier	Date of op.
	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address FORZETHILL MD	22. VIOLENCE: tf death was due to external causes, fill in the following:
(Burial, cremetion, or removal, Which?) Date thereof. Dev. 11-48 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory MESAEX CITA DEL	Whers did Injury occur?
Location MCNKTAN MD	Injured at home, farm, industry, public place (where?)
11 1 2 2 12	Means of injury Injured at work?
	0 -
Address What That had	23. SIGNATURE G. M. France
19 12/11 1948 anna Orice	P. 1+ 12 1 M. D. O-2019 1 1/81
(Date rec'd by registrar) Registrar	Address January Date signed



A Maria

LESSON ALBERTANCE CONTRACTOR

PLEASE WRITE PLAINLY, is especially

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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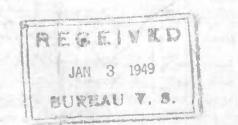
2 HIGHAL DECIDENCE (HOME) OF DECEASED.

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CERTIFICATE OF DEATH

Reg. Diat. No. 3 4

County Bulling	(For newborn infants give residence of mother)
	State Mangland County Bulls
City or town	11/6/2010 - 12000
How long in above place of dealh? 40 Years	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	
	Street No
How long in hospital or institution?	2,(a) 11 yeteran, name war
3. (a) FULL NAME Charles It Quelle	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m w roidacast	20. DATE DF DEATH December 26 1948 212 pm
6.(b) Name of truspend or wife Sectual allowers	21. I CERTIFY that death occurred on the date above stated: that i extended deceased from
7. Birth date of O-1 17 - 1873	0
7. Birth date of deceased (mo., day, yr.) Cect 17-1873	
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
75- 2 6min.	Cerebrul Thronous 17 hrs
9. Birthplace marylend	Due 10. Monu My Eurice
(Town county, and atate)	Leutainia 12 mm.
1D. Usual occupation.	Due 10
11. industry or business, lewn farm	
= 12. Name Leorgh Bullison	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Ruchel Mailie 15. Birthplace Md	Major findings of operations
15. Birtholace nd	Date of op.
Cutt aullerin	
16. informant	Autopsy results
Address Reselection med	22. VIOLENCE: 11 death was due 10 external causes, 1ill in the following:
17. (Buying exemption or removal, Which?) Dale thereof	Accident, suicide, or homicide
(Burial, eremation, or removal, Which?) Daie thereof (month) (day) (year)	
Cemetery or crematory Muse Methodust	Where did Injury occur?
Location Balto to med	Injured al home, farm, industry, public place (where?)
18. Funeral director Edeve Siplon	Means of Injury Injured at work?
Men both 1 Mid	10010
Address Aucuntica d Mil	23 SIGNATURE Paurice C. Varter fulle
10 12-28- 188 Pary B. Eline	M. D. of other
(Date ree'd by registrar) Registrar	Address Janus Teux, Mi Date signed 12-21.48



1. 13.

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH :	2. USUAL RESIDENCE (HOME) OF DECEASED:
County. 12 allimore	State MARYLAND COUNTY BRINCE GED
(If outside city or town limits write RURAL and give near at town)	March Wal Bark.
How long in above place of death?	(if outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. BROWN SIATION R.D.
	2.(a) If veteran name war. NoNE
Now long in hospital or institution?	
3. (a) FULL NAME	3. (b) Social Security Number
A See 5. Color or race 6.(a) Single, married, widowed, or divorced	ULVER 579-12-4691
4. Ses 5. Color or race 6.(a)Single, married, widowed. or divorced	MEDICAL CERTIFICATION
MALE WHITE WIDOWED	20. DATE OF DEATH
8.(b) Name of husband or wife MABEL- HOLT	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from
e (a) II alum anna anna	ave 28 10 48 10 DZC 1140
7. Birth date ofyeare	and that I last saw halive on
deceased (mo., day, yr.)	Immediate cause of death OURATION
o, Aug.	Jorgkins Wiscon 178
7/	
9. Birthplace	Due to
10. Usual occupation CARPENTER	
DOLC F WILL	Due to
12. Name M A Th. 1.A.5 13. Birthplace PA	Other conditions
	(Include pregnancy within 8 months of death)
14 Malden name. PARTIBOR DAVIDSON 15. Birthplace PA	Major findings of operations.
2 15. Birthplace PA	
18. Informant ThehmA M. RICE	Autopsy results
Address BROWN STATION RO-MALBORD	PHYSICIAN: Please nuderline the cause to which death should be charged statistically.
Day 2191 8: 2 1916.	22. VIOLENCE: It death was due to external causes, fill in the following:
Bate thereof	Accident su'cide or homicide
Cemetery or crematory	Where did inju v occur?
Location WASh. D.C	Injured at home farm, industry, public place (where?)
Mr. W. Chambers Co	Meene O: (PST) Injured at work?
18 Funeral director	Va. Balancal
Address 6 1 1 - 11 1 1 5 1. 32. W 1 3 1. 0. 0.	23. SIGNAL TO THE M. D. or other
10 12-2 10 48 UE Harris	(Close viels 12.2
(Date rec'd by registrar) Registrar	Address Date algned

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. In e con is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

			44
Reg.	Diat.	No.	

1. PLACE OF D	EATH: timore			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town		State Balta Couply Balta City or town Whitemarsh (If outside city or town limits, write RURAL and give nearest town)				
Hospital, Institution,	or street address where	death occurred		Street No. Pird River Grove Road ((Frurs), give LOCATION)		
	or Institution?			2.(a) II veteran, name war		
3. (a) FULL NAI	ME				3. (b) Social Security N	lumber
	BENJAMI	N H. CI	RNOLES		218-03-323	7
4. Sex	5. Color or race	6.(a)Single	, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
male	white	marı	ied	20. DATE OF DEATH December 10t	19.48	at 1 P. 10
			rnoles	21. I CERTIFY that death occurred on the date above	re stated; that I attended decea	sed from
7. Birth date of	June 25	+h 788) If alive, give ageyears	and that I last saw h alive on	Lea 10	10.448
8. AGE: Yes		Days	If less than one day	Immediate cause of death	***************************************	OURATION
	50 5	15	hrsmln.	Tulmoney Jude	rulous	5-400
9. Birthplace Balto Co., Md. (Town, county, and state)		Due to.				
10. Usual occupation. Carpenter		Due to		***************************************		
t1. lodustry or busin	Wm. Gurnole	S				
12. Name	Balto. Co			Other conditions	***************************************	*******************************
~				(Include pregnancy within 3 m		
15. Birthplace	Balto.	Co., 1	fd.	Major Hadings of Operation		
	rs. B. H.	Curnol	25	Autopsy results.		
Address Bird River Grove Rd. Whitemarsh, Md.		PHYSICIAN: Please underline the cause to whi		tatistically.		
ti burial Date thereof Dec. 13, 1018 (Buriai, cremation, or removal, Which?)		22. VIOLENCE: If death was due to external caus Accident, suicide, or homicide				
Cemetery or crematory Mt. Zion United Brethern		Where did injury occur?(City or town)	(County)	(State)		
Location Black Rock, Md.		Injured at home, farm, industry, public place (where?)				
18. Funeral director. Land and Lanceral House		Meens of Injury	Injured at work?			
	Ol Belair R		A .	0 4	Witem. &	
1	48 19	90	1 S. Connelly Registrar	23. 510001000		4



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICA	ATE OF DEATH Reg. Dist. No. 4
City or town. (i) outside city or town limits, write RURAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
(I) outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution or street arrivess when death occurred: How long in hospital or institution?	City or town
3. (a) FULL NAME Edgar Phine	A awara 3. (b) Social Security Number
4. Sex 5. Color or role 6.(a) Single, married, widowed, or divorced M. Married.	MEDICAL CERTIFICATION 20. DATE OF DEATH. 20. DATE OF DEATH. 20. DATE OF DEATH.
S.(b) Name of husband or wife Dega Mane ' S.(c) If alive, give age ye	21. I CERTIFY that death occurred on the date above stated; that I attended daceased from
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Dats If less than one day	and that I last saw h
), Birthpiace	oustgreez Coff Ohe-f Thro
1. Industry or business Cottolenage Steel Co.	Due to.
12. Name Aoratio Hawson 13. Birthplace 14. Maiden name Clara V. Youngston	Other conditions (Include pregnancy within 3 months of death)
15. Birthplace	Major findings of operations. Dafe of op.
Address 1318 Ruthare, Spargowe Poent	Actopsy resolls PHYSICIAN: Please noderfine the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) Cemetery or crematory. Company Compan	Where did Injury occur? (City or town) (State)
Location Fulderick agad 18. Funeral director Roland L. Fusher	the mattern start warms Commented work? A O
19 Dec. 27 19 48 Wm. M. Kelly	23 SIGNATURAL DIGGISTONE PODOSSES



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	PLAINLY, WITH UNFADING INK. Supply every item of information carefull is especially important. Physicians: please write the causes of death clearly and
1	El El
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	PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefull is especially important. Physicians: please write the causes of death clearly and
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH: Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County Raspeburg, Md. City or town (If outside city or town limits, write RURAL and give nearest town)	State Maryland county Baltimore	
(If outside elty or town limits, write RURAL and give nearest town)	City or town Raspeburg, Md. (If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death? 45 years	(if outside city or town limits, write RURAL and give nearest town)	
Hospital, Institution, or street address where death occurred:	Street No.	
	(If rural, give LOCATION)	
How long in hospital or tastitution?	2.(a) if veteran, nams war	
3. (a) FULL NAME	3. (b) Social Security Number	
AUGUST DEIGERT		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
male white married	2D, DATE OF DEATH December 11th, 19 48 at 11:50 R	
6.(b) Name of husband or wife Catherine Smith Deigert	21. I CERTIFY that death occurred on the dats above stated: that I attended discssood from Nov. 27. 19. 48, to PEC. // 19. 48	
7. Birth date of	and that I last saw h. //2 alivs on Dec. // 18 48	
docessed (me., day, yr.) April 25th, 1903		
8. AGE: Yeers Months Days It less than one day	Immediate cause of death	
7 16hrsmin.		
	And to	
Baltimore County, Md. (Town, county, and state)	UU0 19	
1D. Usuat occupationPlasterer		
11. Industry or business Self employed	Due 10	
	Sit	
12. Name Philip Deigert 13. Birthplace Raltimore County, Md.	uner congitions	
	(Include pregnancy within 3 months of death)	
14. Maiden name. Margaret IIIISON	Major findings al operations. CARCINOMA OF LUNG	
14. Maiden name Margaret Ellison 15. Birthplace Baltimore County, Md.	Date of op. Oct /6th/947	
16. Informant L'rs. August Deigert	Autopsy results.	
Address 4305 Kenwood Ave.	PHYSICIAN: Please underline the cause to which death should be charged statistically,	
buri 27 12/15/48	22. VIOLENCE: If death was due to external causes, fill in the following:	
burial (Burlal, cramation, or removal, Which?) Date thereof	Accident, suicide, or homicide	
Cemetory or cremetory Holy Redeemer	Where did injury occur?	
Location Baltimore, Md.	Injured at home, farm, industry, public place (where?)	
	Misans of Injury Injured at work?	
18. Funeral director Lasella Funeral Idone		
Address 7401 Belair Rd.	23 SIGNATURE the wheather and	
19 1 1 14 148 Autelink	M. D. or other	
19. Begistrer	6/33/ Belain Re (6) note closed 12/13/48	

2411 N. Charles St., Baltimore

CERTIFICA	TE OF DEATH Reg. Dlat. No.
1. PLACE OF DEATH: County	2. USUAI. RESIDENCE (HOME) OF DECEASED: (For nowhern infants give residence of mother) Slate
3. (a) FULL NAME Rose Mary	Donnelly 3. (b) Social Security Number
4. Sex 5. Color or race 8. (a) Single, married, widowed, or divorced Temple White Widow	MEDICAL CERTIFICATION 20. DATE OF DEATH
8.(b) Name of husband or wife Barthelm M. Cass 7. Birth date of deceased (mo., day, yr.) May 2: 1867	21. I CERTIFY that death occurred on the date above stated; that I attended daceased from 19.4.7. to 19.4. 19.4.2. and that I last saw h
8. AGE: Years Months Days tt less than ona day	Carcinomo - Stomock - 2-yr
9. 8irthplace	Oue to
Address Old Fratesiok Road & Morelyall 17. Bundle (Burial, eremation, or remoyal. Which?) Cemetery or crematory Charles Called Males (month) (day) (year)	Autupsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: 11 death was due to external causes, fill in the following: Accident, suicide, or homicide. Where did injury occur? (City or town) Injured at home, tarm, industry, public place (where?)
18. Funeral director Con C Masar Address 3000 Elbalth St 19. 12 - 16 19 48 UE Harry	23. SIGNATURE 2. SIGNATURE M. D. or other Address Admired M. D. or other Date signed 12/14/1

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BUREAU V. S.

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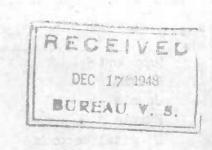
MARYLAND STATE DEPARTMENT OF HEALT

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

				Reg. Dist. (40)	A
1. PLACE OF DEATH: County			JRAL and give nearest town)mos . 10. dasy	2. USUAI. RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland Couety City or town Baltimore (if outside city or town limits, write RURAL and give neasest the control of the city or town limits, write RURAL and give neasest the control of the city or town limits, write RURAL and give neasest the control of the city or town limits, write RURAL and give neasest the city or town l	reat town)
4. Sex Male	5. Color or race White		married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE DE DEATH. December / 5 19 48	850p
7. Birth date of deceased (mo., day, 8. AGE: Year	yr.) July]		It less than one day	21. I CERTIFY that death occurred on the date above stated; that I attended dece. June 5, 1933 19 10 DECe. / 5 and that I last saw h.im. alive on December 15 191 Immediate cause of death Terminal pneumonia	19.48
9. Birthplace	Baltimore, (Town		and ate)	Due toAcute_intestinal_obstruction	_48_n
tt industry or busine HI 12. Name VI t3. Birthplace HI 14. Maiden name OW t5. Birthplace				Other conditions Birth palsy (Include pregnancy within 3 months of death) Major findings of operations Acute large bowel dist	
Address 2 17. (Bursal, cremation Cemetery or cremation Location Location Address Addr	Catonsvi	Date there Mts. Lew taw	Cds B. Md. 16-48 of 2-16-48 of Mary (year) Carryel A Place Registrar Registrar	Autupsy results PHYSICIAN: Please underline the cause to which death should be charged 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide	statistically. (State)



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

City or town	Cily or lown. Cily o
3. (a) FULL NAME	
George W. Doxzo	3. (b) Social Security Number
Male White Widowed, or divorced	MEDICAL CERTIFICATION 2D. DATE OF DEATH. 2D. DATE OF DEATH. 2D. DATE OF DEATH. 2D. DATE OF DEATH.
8.(b) Name of Austerday wife Late Enrichy Ward Doxegou 7. Birth date of deceased (mo., day, yr.) May 25-1866	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 19.43.
8. AGE: Years Months Days It less than one day 14min.	Immediais cause of death DURATION Olivoir Myrardits 64
9. Birthplace Maryland (Town, county, and state) 10. Usual occupation Retried Blacksmoth	Due to
11. Industry or business B+aR.R.	Due to
\$ 13. Birthplace Luknown	Dither conditions
14. Malden name unknown St. Birthplace unknown	Major findings of operations
Address 5522 Thomas are acheto	Autopsy results
17. Buttal (Burial, cremation, or removal. Which?) Date fhereot (month) (day) (year)	22. VIOLENCE: If death was due to external causes, till in the following: Accident, suicide, or homicide
Cemetery or crematory Mr. Olivet Coens.	Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?)
18. Funeral director Sco. L. Beyer & Address 5/2 Hollins St Balto. Md	Means of Injury Jajured al work?
19. Dec 10 19. 48 a.W. Helisch (Date ree'd by registrar) (Date ree'd by registrar)	23. SIGNATURE M. D. OF OTRAS Address / 7 // Selsing For Bate signed 12/9/48

PLEASE .

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH 83 a

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For provious infants give residence of mother)	
County TSaltimose	922	
City or town	No of	
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)	
Hospital, Institution, or street address where death occurred:	Street No. 621 At Frangether St	
Hasonic Thomas Cochegarelle Ma	(If rural, give LOCATION)	
How long in hospital or institution?	2.(a) It veleran, name war	
3. (a) FULL NAME	3. (b) Social Security Number	
Charles Edge Durrelins		
4. Sex 5. Color or race 6.(a) Single, marriad, widowed, or divorced	MEDICAL CERTIFICATION	
Hale White Single	20. DATE DE DEATH. DIC. 3 19.48, 21 8.30 P. 1	
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
6.(b) Name of husband or wife	Dec 19 46 10 Dec 3 19 48	
7. Birth date of	and that t last saw h Annalive on Dec 3 18 48	
deceased (mo., day, yr.) Sune 7 - 1860-	Immediate cause of death DURATION	
8. AGE: Years Months Days It less than one day	Cerebral Vascular	
88 5 26min.	accident 1 dust	
Cincin natio Ohia	Due to.	
9. Birthplace (Town, county, and state)	artiria schronia	
10. Usual occupation Sales man Huisia al	Que to.	
11. Industry or business	5	
	Other conditions	
	(Include pregnancy within 8 months of death)	
14. Malden name Afterna Middleherge 15. Birthplace St. Jours Ho.	Major findings of operations	
\$ 15. Birthplace St. Kours Mo.	Date of op.	
16. Informant Laura M. Schrouder	Autopsy results	
dag	PHYStCIAN: Please underline the cause to which death should be charged statistically.	
Address Hasonic Home, Countyrolle	22. VIOLENCE: If death was due to external causes, till in the tollowing:	
17. (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide	
Cemetery or crematory Diseased Product	Where did Injury occur?	
Location Balting Table	Injured at home, farm, industry, public place (where?)	
Wit O. C.	Means of Injury Injured at work?	
18. Funeral director/Kannin Cathalana A + 1+	MAT X IN MATERIAL TO THE STATE OF THE STATE	
Address S. Hand & Walston St	23. SIGNATURE M.D. or other	
19. Dec 4. 18 48 J. M. Schroeder	hortemorilles MA " Bate clased 12/3/48	



2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

121

Rog. Dist. No.

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
County Baltimore			••••••••••••••••••	State Maryland County			
City or town (If outside city or town limits, write RURAL and give nearest town)			RURAL and give nearest town)	Raltimore			
How long in above place	of death?	daw		City or town	write RURAL and give nea	rest town)	
Hospital, Institution, or s	street address where	death occurre	d:	Street No. 3301 Pulaski H	ighway,		
			ind	(If rural, give I	LOCATION)		
How tong in hospitat or		aay 	······································	2.(a) it veleran, name war			
3. (a) FULL NAME					3. (b) Social Security	Number	
	WIL	LIAM L.	ELLIS .		unknown 1/2-	26 2779	
4. Sex	5. Color or sace	6.(a)Sing	le, married, widowed, or divorced	MEDICAL CE	RTIFICATION		
MALE	WHITE	MAI	RED Sep.	20. DATE OF DEATH. December 31	19.1.8	1225 P	
6.(b) Name of husband o	Agn	es Ell:	is	21. I CERTIFY that death occurred on the date abov			
				December 30, 194			
7. Birth date of			(c) If alive, give age		and that I last saw h _im_ative on _December_31		
deceased (mo., day, yr	.) 9-10-	77		Immediate cause of death		DURATION	
8. AGE: Years	Months	Days	tt tess than one day	RUPTURE OF APPENDIX,		UNKNOWN	
53	3	21	hrs min.	PERITONITIS			
s. Birthplace Harford Co., Md.		Due to Unknown		••••••••			
(Town, eounty, and state)							
10. Usual occupation Foreman		Due 10					
11. Industry or business							
		.S		Other conditions None	••••••		
the subsection was not been seen	Maryland			(Include pregnancy within 3 m	onths of death)		
置 14. Maiden name	Alice Wh	ite		Major findings of operations Side 3010.			
14. Maiden name	Maryland			Major findings of operations			
Cli	nical Rec	ords.	Vets. Adm. Hosp.	Actorsy results Substantiated above			
			ard, Md.	PHYSICIAN: Please underline the cause to whi	ich death should he charged	statistically.	
Address		2 0 22011	1/1/1/10	22. VIOLENCE: If death was due to external causes, fill in the following:			
17. Buria		Date the	reof(month) (day) (year)	Accident, suicide, or homicide			
Cemetery or crematory Baltimore National Cometery		Where did injuly occur?(City or town)					
				il and the second secon		(State)	
Location		Injured at home, farm, industry, public place (wh	tnjured af work?	*****			
18. Funeral director. Blight Funeral Home Hursed M. Blight		Maens of injury	thjureu at work?				
Address 6009 Harford Rd., Baltimore, Md.		OR SIGNATURE / / ()	avom,	A			
19 January 3 10 49 Q. 25 Jelsech			2. W. Jedrick	M. B. DAVIS, M. D. DE	EPUTY MEDICAL	EXAMINER	
(Deen roo'd by roo		.f	Registrar	Address Baltimore County.	Md Date signed	1-1-49	

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The or is especially important. Physicians: please write the causes of death clearly and legibly.

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WRITE PLAINLY,

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

/			CERTIFICAT	E OF DEATH Reg. Dist. No	7	
1. PLACE OF DEA	Baltim	ore		2. USUAI. RESIDENCE (HOME) OF DECEASED: (For trawborn infants give residence of mother)		
Cet onsville City or town			Land give nearest town)	State Maryland County PrinceGeorge City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran name war.		
3. (a) FULL NAME		s Farman	AND THE PARTY OF T	3.(b) Social Security	Number	
4. Ser	5. Color or race		rried, widowed, or divorced	MEDICAL CERTIFICATION 20, DATE OF DEATH DECEMber 21 19.48	5.30n	
5.(b) Name of husband 7. Birth date of	or wife Vir	ginia Di		20. DATE OF DEATH 19 20 19 21. I CERTIFY that death occurred on the date above stated; that I attended decension November 11 1948 to December and that I last saw him alive on December 21	eased from 21.19.48	
deceased (mo., day, y 8. AGE: Years 39		Days	If tess than one day	Immediate cause of death Acute Hemorrhage	1 hour	
9, Birthplace	West V	irginia ounty, and atato		Oue to Rupture of the spacen	1 hour	
10. Usual occupation 11. industry or business 12. Name	Automo	arrettl	Elsey	Other conditions Therapeutic malaria	17 days	
13. Birthplace West Virginia? 14. Malden name Maxie Mathias 15. Birthplace West Virginia				(Include pregnancy within 3 months of death) Major fiedings of operations		
18. Informant	Catons	ville-28	rds B. Maryland	Autopsy results		
(Burial, cremation	or remayal, Which?)	Date thereof	military (year)	Where did Injury occur? (City or town) (County)	(State)	
18 Funeral director Address	4 Dasc attavill	D &		Means of injury tajured at work? South Turk, M.D.		
19	22 19 4.8	7/2	Harry	Address Catonsville-28, Mary land Date signed	or other 12-22-48	

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William Bally and

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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Reg. Dist. No. 33

CERTIFICATE OF DEATH

HUM 110. G L L 8 UF G 66 1948	
1. PLACE OF DEATH: Baltimere.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
P 11	State Mary Land County Dal Timore.
City or town	8 1 1 1
How tong in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 1/2 Mi Northot Parkton
	(If rurai, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Elizabeth E. L	nsor
4. Sex 7 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Widow.	20. DATE OF DEATH December 7, 19 48,21 2 /30/
8.(b) Name of husband or wife Peter M. 6750x.	21. I CERTIFY that death occurred on the date above stated; that I attribled deceased from
8,(b) Name of husband or wife	Mov 15 1948, 10 Wec ? 1948
	and that I last saw h & alive on Thee 7 19 44
7. Birth date of deceased (mo., day, yr.) March 9 1855.	
8. AGE: Years Months Days If less than one day	
93 8 28hrs. min.	by server
14/1./ // // // // // //	
9. Birthplace (Town, edunty, and state)	Due to
10. Usual occupation for US CW fee	
	Due to
11. industry or business OUN home.	But her to the course
12. Name Oohn // Ileri 13. Birthplace Stewartstown, Pa	Differ conditions.
13. Birthplace O / CW ZYTS TOWN, FJ.	(Include pregnancy within 3 months of death)
= 14 Maiden name Aeriel Thompson.	(Incide pregnancy within a months of deach)
14. Maiden name Acriel Lown p. son. 15. Birthplace Harford Co. Add.	Msjor findings of operations.
El 15. Birthphage Mar Tox a Co.	
16, Informant II sas Isla Creats.	Actopsy results
Pull to On I a a	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Alberton, Hill Red.	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
11/2	
Cemetery or crematory . C.S	Where did Injury occur?
Location White Hall Nd. R. D.	tnjured at home, farm, industry, public place (where?)
() () Hay love love	Means of Injury Injured at work?
18. Funeral director	0
Address It I was threedown to	V. M. France
10-0 1-0-7 47	23. SIGNATURE
19	Address Darketon ned Date signed 7 18 188

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BUREAU V. S.

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

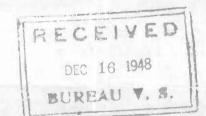
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12190

CERTIFICATE OF DEATH

Reg. Dist. No. 40

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State		
	3. (0) Social Security Number		
Sr. Wary Lovenzo Esse 4. Sex 5. Color of race 8.(a) Surgle, married, widowed, or divorced 7 such White Surgle 6.(b) Name of husband or wite	MEDICAL CERTIFICATION 20. DATE OF DEATH. 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 12 19.48 10.48 and that I last saw h. 22 alive on Dec. 19.48		
deceased (mo., day, yr.) March 3, 1839	Immediate cause of death		
8. AGE: Years Months Days If less than one daymin.	Apoplessy 4 days		
9. Birthplace Rollestler M. Grown, eoungy, and state) 10. Usual occupation Teacher 11. Industry or business 12. Name Pierre Esse 13. Birthplace Algare Lorgine	Oue to		
14. Maiden name I da Klischer 15. Birthplace Hessey Warmstadt 16. Informant S. Mary Clara	(Include pregnancy within 5 months of death) Major findings of operations.		
1 .4.	Autopsy results		
Address Mosels Cliff 17 (Burial, cremation, or removal Which) Cemetery or crematory (Mar)	22. VIOLENCE: 11 death was due to external causes, fill in the tollowing: Accident, suicide, or homicide		
Location Des In Funk 4500	trijured at home, farm, industry, public place (where?)		
Address P/ A Holder Stranger 19 Address P/ A Holder Stranger 19 A Holder	23. SIGNATURE M. D. Crother M. D. Crother Date signed Co. M. M. D. Crother		



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1:41

12191 Reg. Diat. No. 30

1. PLACE OF DE	imore		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Baltimore City or fown Catonsville City or fown Uf outside city or fown limits, write RURAL and city person fown			state Maryland County Baltimo	re	
(11 country or so in it is not the state of the state town)			Cotonomillo		
How long in above place of death? 47 years			(If outside city or town limits, write RURAL and give near		
Hospital, Institution, or			Street No. 14 Osborne Avenue	************	
		ne Avenue	(If rural, give LOCATION)		
How long in hospital or	Institution?	none	2.(a) It veteran, name war		
3. (a) FULL NAMI		iet Stone Baker Ewalt	3. (b) Social Security 1	Number	
4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	71/ D. D.	
female	white	widowed	20. DATE OF DEATH Decamber 31 19 18	31 510P	
7 Pich date of		iam Henry Ewalt	21. I CERTIFY that death occurred on the date above stated; that I attended decca security 36 1980, 19 security and that I last saw h AA alive on following 34	br3/048	
	, Februar		Immediaje cause el death	DURATION	
8. AGE: Years		Days If tess than one day	Hepatie Centeris	18 mm -	
9. Birthplace Baltimore, Maryland (Town, county, and state) 10. Usual occupation housewife retired			Due to arterio - selem-		
11. Industry or business				***************************************	
E 12 Name Che	rles E. Be	aker	Dither conditions	******************	
H-		County, Maryland - Athol			
14. Malden name	Mary Eliza	Abeth Whiteley	(Include pregnancy within 3 months of death) Major findings of operations	***************************************	
				•••••	
18. Informant Mrs.			Autopsy results	statistically	
Address 919	E. oth St.	, Royal Oak, Mich.			
17. Buri (Burial, cremation,	al or removal. Which?) Loudon	Date thereot 1 - 3 - 49 (month) (day) (year)	22. VIOLENCE: It death was due to external causes, fill in the following; Accident, suicide, or homicide		
			The state of the s	(State)	
Location 380	l Frederic	k Ave. Baltimore, Md.	Injured at home, farm, industry, public place (where?)	• • • • • • • • • • • • • • • • • • • •	
1B. Funeral director	shor 0. //	stellell + Sous Suce	Means of injury injured at work?		
Address 1900	Eutaw Pla	ace, Baltimore, Md.	(18hales Fort-		
19 Date rec'd by res	7 19.49	VE. Harry Registrar	Address 20 S. P. P. Date signed /	1 1 -	
4			Ballwan 2, mos.		

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If more banks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND 94 CERTIFICATE OF DEATH

Registration Dist. No. 45

a hospital er institution, glve its NAME instend of street and number.)

MEDICAL CERTIFICATE OF DEATH I HEREBY CERTIFY. That I attended the deceased and that death occured on the date stated above, at ... oronary Chronbous *St. te the Discase Causing Death, or, in deaths from Violent Caus s. state (1) Means of Injury and (2) whether 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-In the

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation- Precise statement of occupation is very important, so that the relative health fulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return 'Laborer,'"Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer-Coul mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH. state occupation at beginning of illness. If retired from business, that fact may be indicated thus; Farmer (retired 6 yrs). For persons who have no occupation whatever, write None.

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia": Lobar pneumonia, Bronchopneumonia "Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma,, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia, ""Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. FOR VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway trainaccident; Revolver wound of head-homicide; Poisoned by carbolicacid-probably suicide. The nature of the injury. as fracture of skull, and consequences (e.g., sepsis, telanus) may be stated under the head of "contributory" (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A the data is essential and must be obtained before the certificate is permanently filed.

MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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12193

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Baltimore	State Md. County Baltimore
Clly or town. ESSEX, Md. (If outside city or town limits, write RURAL and give nearest town)	
How long to above place of death? 30 years	City or town Essex, Md. (If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. 903 Mace Ave.
	(If rural, give LOCATION)
How tong In hospitat or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3.(b) Social Security Number
Harding Flitt	213-07-1265
4. Sex 5. Golor or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
nu de	
mule white married	20. DATE OF DEATH. LLC 28 1941 at 8 A M
6.(b) Name of husband or wife. Augusta Gellert Flatt	21. I CERTIFY that death occurred on the date above stated; that pattended deceased from
	Ller, 27 1948 10 Mer, 28 1948
7. Birth date of	and that I last saw h Associative on Local 28 19.48
deceased (mo., day, yr.) September 26th, 1006	Immedia cause of death DURATION
8. AGE: Years Months Days If tess than one day	Germany Anombroses Sudden
62 3 2hrsmin.	
9. Birthplace	Due to arthur Silentie Cardio / yr.
(2011) 000103 (000107)	vasulu disease
10. Usual occupation. Tinner	Due to
11. Industry or business Bethlehem Steel Co.	900 (V.
	Ether conditions
H	
	(Include pregnancy within 8 months of death)
14. Malden name Fredericka Kirk 15. Stringlace Poland	Major findings of operations
15. Sirthglace Poland	Dale of op.
18. Informant Mrs. Theodore Flatt	Autopsy results
ON3 Mace Ave.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address	22. VIOLENCE: If death was due to external causes, fill in the following;
17 birial Date thereof 12/31/18 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Zion Lutheran	Where did injury occur? (City or town) (County) (State)
Cemetery or crematory.	
Stemmers Run, Md.	Injured at home, farm, industry, public place (where?)
18. Funeral director Lassahn Funeral Home	Means of Injury Injured at work?
alog Deleja Dd	my my
Address (401 Detail Mi.	D23. SIDNATURE M. D. or other
19. 12/29 19 X8 HW. Neares	12-28-48
(Date recal by registrar) Registrar	Address Date signed

2411 N. Charles St., Baltimore

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		Dist		W.
	Dan	Dist	Na	7

CERTIFICA	ATE OF DEATH Reg. Dist. No. 42
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County Ballimore City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME Waltrain Livis Fouble	3. (b) Social Security Number . 2-16-10-871
S. Sex Male 5. Color or race 6.(a) Single, married, widowed, or divorged married. Male 2. According to the control of the co	MEDICAL CERTIFICATION 20. DATE OF DEATH. December 29 19.48 21 1:00A
5.(b) Name of husband or wife	and that I last saw h have alive on 19 4 Limmediate cause of death Constant Occlination OURATION
10. Usual occupation. degring employee 11. Industry or business 12. Name. O lever Presser. Fourly	Other conditions Vivin Phanesis Iweek
13. Birthplace Carall County of the 14. Maiden name Mary Latherine Foulle 15. Birthplace County md 16. Informant Heely Foulle Address 15 49 Suphun Aprin Road	(Include pregnancy within 3 months of death) Major findings of operations
(Burial, cremation, or removal, Which?) Cemetery or crematory. Location	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
18. Funeral director. Edwelfston Address Hampesterd Md -	Means of Injury Injured at work? 1 23 SIGNATURE William Goodwan Th. D.

Registrar Address 1334 Sulphin Spring Ross

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and

age

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(Date rec'd by registrar)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICAT	E OF DEATH Reg. Diat. No.
1. PLACE OF DEATH: BATTO. County 24 Elgrovolale Rol.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
Cily or town	
How long in above place of death?	City or town
13000	(If rurai, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME Pobert Fowlkes	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male Col. Widower	2D. DATE DF DEATH. 12-22-18 19 11 19 11 10 11 11 11 11
6.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I altended deceased from
7. Birth date of deceased (mo., day, yr.) 7. 4. 4. 9. 188 7	and that I last eaw h. 2022. alive on
8. AGE: Yeare Months Days If less than one day	
61min.	JANNON 19 JUST TOTAL
9. Birlhplace (Town, county, and state) 10. Usual occupation Reference (Town, county, and state)	Due to Wen 11102 3011, 127
11. Industry or business	Due to.
12. Name Ala Caracon	Dither conditions
	(Include pregnancy within 3 months of death)
14. Malden name Jane Spencer 15. Birthplace Na	Major findings of operations. Date of op.
16. Informant Linguis Brown Careton	Autonsy results.
Address 724 avondales Poal	PHYSICIAN: Please uoderline the cause to which death should be charged statistically.
17. Perroval (Bufial, cremation, or removal, Which?) Date thereot. Date (month) (day) (year)	22. VIOLENCE: If death was due to external causes, till in the tollowing: Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location Drakes Branch Na.	Injured at home, farm, Industry, public place (where?)
18. Funeral director Mrs. Robert a. Ellist & Daught	Means of Injury Injured at work?
Address 1/29 n. Caroling It	23. SIGNATORE UNUSTED TO THE SIGNATORE UNUSUSTED
19. 1227 19 At a. W. Hessush (Date red by registrar) Registrar	Address 123 han M.D. or other Date signed 2-20

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

eg. Diat. No.

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED: (For prowhern infants give residence of mother)
County 59000	0
(If outside city or town limits, write RURAL and give nearest town)	O State County
low long in above place of death?	City or town (1) outside him to write RURAL and give nearest town)
ospital, institution, or freet address where death occurred:	Street No.
II Julier art.	(If rurai, give LOCATION)
ow long in hospital or institution?	2.(a) It veteran, name war.
B. (a) FULL NAME	3. (b) Social Security Number
Henry Paul Tr	ante, 215-10-0009
Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male Mule married	20. DATE OF DEATH. Dec 27. 184 8, at 6A
Lillein Contra	21. I CERTIFY that death occurred on the date above stated; that I attended decassed from
(b) Name of husband or wife	10 10 10
Birth date of	ears and that I last saw h alive on 19
deceased (mo., day, yr.) OF 11 / 1893	Immediate page of death PURATION
. AGE: Years Months Days It less than one day	
55 2 16hrs.	nin. Coronary occlusion the
Birtholace Ballingo Colly M/	
(Town, county, and state)	
). Usual occupation	Due to
1. Industry or business Trending Company	· p
12. Name 12. Name 13. Birtholace 13. Birtholace	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Burbara 15. Birtholace South Per	
15 Birthologo And Are	Major findings of operations.
M. Millian Frank	
i, Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Cebork	22. VIOLENCE: If death was due to external causes, till in the tollowing;
(Burial, cremation, or removal, Which?) Quate thereof (month) (day) (year)	Accident, suicide, or homicide
	Whera did injury occur? (City or town) (County) (State)
Location 4600 Belair Ra.	
8. Funeral director Deppel Brow	Maena of Injury Injured at work?
Address Zina Badai Rd	Mula. m. Du
19 6 31 1/4 1	23 SIGNATURE AND MADE CONCEPT OF
(Data rec'd by registrar) (Data rec'd by registrar) (Data rec'd by registrar)	wepny hered of 12/20

2411 N. Charles St., Baltimore

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CEPTIFICATE OF DEATH

			CERTIFICA	TE OF DEATH		Reg. Diat. No	27
1. PLACE OF DEA Balt	TH: imore			2. USUAL RESIDENCE (For newborn infants give	ve residence of mothe	er)	
City or town. G1	yndon utside eity or town lin of death? 50	yrs	URAL and give nearest town)	State Md. City or town Glynd (17 outside city Street No. Longned	lon y or town limits, writ	te RURAL and give ne	
How long in hospital or	leadituding?			2.(a) 11 veteran, name war	(If rural, give LOC	ATION)	12-2
3. (a) FULL NAME			ce E.Frantz	1		. (b) Social Security	Number
4. Sex Female	5. Color or race White		, married, widowed, or dirorced		DICAL CERT	TIFICATION	16-7 N
6.(b) Name of hueband of the control		st M.J) 11 alive, give ageyea	21. I CERTIFY that death occurred 7 / 6 and that I last saw hereaiv Immediate cause of death	19. 4-4 re on /2-	7 8	19. 4.88
8. AGE: Yeare 79	Months	Days 26	If less than one dayhrsmi	aute my	nardi	al Infare	ton 3 hrs.
10. Usual occupation	Housewi	county, and s fe	tate)	Due to		5-V. Diec	- 37m
13. Birthplace	rtin Ken Penna			Include pregn	nancy within 3 month	na of death)	3 yra
14. Maiden name 15. Birthplace	Penna.			Major findings of operations	nancy	Date of op	
	Wilton Fullyndon, Mc			PHYSICIAN: Please underline	the cause to which d	leath should be charged	statistically.
17. Bur (Burial, cremation,	ial or removal. Which?) Druid	Date there	(month) (day) (year)	Where did Injury occur?	(City or town)	C (County)	(State)
18. Funeral director		· · · · · · · · · · · · · · · · · · ·	Sous	Injured at home, 1arm, Industry, Meane of Injury		Injured at work?	
Address 19. 12 - 3 (Date rec'd by res	eisterst		d. Lary B. Elin Registr	23. SIGNATURE D. D.	Caple	M, D.	or other 12-29-'H8

JNK. Supply every item of information carefully. The correct age ans: please write the causes of death clearly and legibly. RESERVED FOR BINDING UNFA

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2411 N. Charies St., Baftimore

2. USUAL RESIDENCE (HOME) OF DECEASED:

Reg. Dist. No.

correct age CERTIFICATE OF DEATH I. PLACE OF DEATH (If outside city or town limits, write RURAL and give nearest town) information carefull of death clearly and How long in above place of death?.... Hospital, Institution, or street address where death occurred: How long in hospital or institution?.. 3. (a) FULL NAME 4. Sex Supply every item of ease write the causes BINDING 8.(b) Name of husband or wife..... FOR 7. Birth date of deceased (mo., day, yr.) If less Man one day 8. AGE: Months Days RESERVEDhrs. 9. Birthplace..... (Town, county, and state) 10. Usual occupation. MARGIN 11. Industry or business 13. Birthplace mport 15. Birthplace PLAINLY, is especially Address PLEASE WRITE Cemetery or cramatory SA

(Date recd by registrar)

tate	
ity or town (1) oppositions for town limits, write RURAL and give	***************************************
(I out of own limits, write RURAL and give	nearest town)
treet No.	•••••
(If rural, give LOCATION)	
(a) It veteran, name war	
les busk. 3. (b) Social Secur	ity Number
MEDICAL CERTIFICATION	
O. DATE OF DEATH DOE 30 104	8.14
1. I CERTIFY that death occurred on the date above stated; that ! affended	. /-
18 to	
nd that I last saw halive on	
mmediate_ause of death.	OURATION
mmediate sub- or desid	UUNATION
Brondo promoria	7-3 8
	4.5
ue to	
I'M municipality	
ue to	
ther conditions	
(Include pregnancy within 3 months of death) (ajor findings of operations	
(Include pregnancy within 3 months of death) sjor findings of operations	ged statistically.
(Include pregnancy within 3 months of death) ajor findings of operations	ged statistically.
(Include pregnancy within 3 months of death) ajor findings of operations. Date of op. utopay results. HYSICIAN: Please underline the cause to which death should be char VIOLENCE: If death was due to external causes, fill in the following; cident, suicide, or homicide. Date of here did injury occur?	ged statistically, (State)
ther conditions	ged statistically, (State)

is especially

WRITE

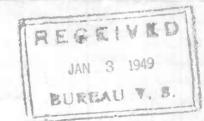
PLEASE

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MARYLAND STATE DEPARTMENT OF HEALTH

					E OF DEATH 46	e	Reg. Diat. No	44
City or town Fort (17 out How long in above place o	Howard Leside city or town lift death? 3 treet address where the Hospital	Maryla mits, write F 97 day death occurre Fort	Howard, Md.		2. USUAL RESIDENCE (HOME (For newhorn infents give residence) State Maryland (If outside city or town life outside city or	County	RURAL and give n	earest town)
3. (a) FULL NAME						3. ((b) Social Securit	y Number
SARAH	LEE GAPH						Unknown	
4. Sex	5. Color or race	6.(a)Sing	a, married, widowed, or divorced		MEDICAL	CERTI	FICATION	
Female	White	l l	larried		20. DATE OF DEATH. December 2	3	19.48	8:18 P
7. Birth date of deceased (mo., day, yr. 8. AGE: Years	A	6.(c) If alive, give age34	years	21. I CERTIFY that death occurred on the date November 22 and that I last saw texalive onDe Immediate cause of death	.19.47 cembe	. 10 Decembe: r. 23	r 23 19 48 19 48
26	8	8	hrs.	min.	GENERALIZED CARCING			
9. Birthplace	nardtown, (Town. Housewife	Maryl county, and	and		Due to Adenocarcinoma Due to Differ conditions			
13. Birthplace R					(Include pregnency withi	n 2 months	of death)	
14. Malden name 15. Birthplace	Russia		Vets. Adm. Hos	30.	Major fiediogs of operations		Date of op	
Address For 17. Burial (Burial, cremation, Cemetery or cremator, Location	or removed. Which?) Hebrew Baltimo Jack Lewis Eutaw Pl	Maryl Date the Herrin re, Mo	and reof/2-26-46 (month) (day) (year ag Run al Home Baltimore, Md.	8 ar)	PHYSICIAN: Please noderline the cause to 22. VtoLENCE: If death was due to externa Accident, suicide, or homicide	wn) e (where?)	In the following: Date of (County) Injured at work?	(State)

	CORRECTION of item 6a and REMOVAL of item 6b	authorized by Dr. Caples'letter 6-20-49 G120L
ctage	MARYLAND STATE DE 2411 N. Charte	PARTMENT OF HEALTH ea St., Baltimore TE OF DEATH Reg. Dist. No. 33
information carefully. The correct age of death clearly and legibly.	1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
ion	How tong in hospital or institution?	2.(d) If veteran, name war
ormat	3.(a) FULL NAME Bruce Arthur Gearhart	3.(b) Social Security Number 202-18-0412
	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Male White Marriy & SINGIE	MEDICAL CERTIFICATION 20. DATE OF DEATH. December 27 148 , 21 10:45 Au
FOR BINDING y every item of	6,(b) Name of husband or wite #sten / Borker / Gearhant / 5.(c) If allve, give age years 7. Sirth date of deceased (mo., day, yr.) Jan. 21, 1920	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12-27-148 19 10 12-27-148 19 19 19 19 19 19 19 19 19 19 19 19 19
	8. AGE: Years Months Days If less than one day 28 11 6	Laundry boiler exploded & blew his head off & evicerated
AGIN RESERVED ADING INK. Supp	9. Birthplace	him Instant Due to
	12. Name Lemual Bruce Gearhart 13. Birthplace Md.	Dither conditions
WITH UN	14. Malden name Nellie Gorsuch 15. Birthplace W. Virginia	(Include pregnency within 3 months of death) Major findings of operations
NLY, V	16. Intermant .Mrs.Ester B.Gearhart	Actorsy results. PHYStCIAN: Ptease underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:
Ed in	Burial Date thereof Dec. 29, 1948 (Burial, cremetion, or removal. Which?) Cemetery or crematory Rose Hill	Accident, sulcide, or homicide. Accident Date of 12-27-148. Where did injury occur? Glyndon, Balto, Md. (State)
9.45.E	Location Hagerstown, Md.	Injured at home, farm, industry, public place (where?) GlyndonLaundry Means of Injury Boiler exploded injured at work? Yes
A15 EASE	Address Reisterstown, Md.	23. SIGNATURE D. D. Caples, M. D. or other
2	(Date rec'd by registrar) (Date rec'd by registrar) (Date rec'd by registrar)	Address Reisterstown, Md. Date signed 12-27-14



2411 N. Charles St., Baltimore

CERTIFICA	Reg. Dist. No.
1. PLACE OF SATH: County County City or town. (If outside city or town limits, write RURAL and give mearest town) How long in above place of death? Hospital institution, or stroet add to where term occurred: Conserved How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME	3. (b) Social Security Number,
John 6 lbert Get.	212-10-2250
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE DF DEATH
6.(b) Name of husband or wife Manie Sets	21. I CERTIFY that death occurred on the date above etated; that I attended deceeeed from
7. Birth dato of deceased (mo., day, yr.) June 2/-/882	and that I last eaw halive on
8. AGE: Years Months Days If less than one day	Immediate of death OURATION
66 5 / 10hrsmit	
9. Birthplace	Due to.
10. Usual occupation. 11. Industry or business Disposal Plant	Due 10
12. Name John albut Siton	Dither conditions
	(include pregnancy within 3 months of death)
14. Malden name	Major fisdiags of operations
	Date of op
16. Informant Turo Mannie Sutson	Autopay results
Address 728 / Splan (d Jallo, 1) 17. Burial remation or removal. Which?) But thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
(Burial, cremation, or remoyal, Which?) Luthersu (month) (day) (year) Cometory or crematory Luthersu Ce	Where did injury occur? (City or town) (County) (State)
Location Beeto. Co. myl.	Injured at home farm, Industry, public place (where?)
18. Funoral director John S. Connelly	Means of Injury tojured at work?
Address 418 Eastern (118)	1 23 SIGNATURE M. Mearmen M.D.
19. /2-/4-48 19. Hulb Comelle (Date rec'd by registrar) (Date rec'd by registrar)	& Debuly medical Estama

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and

PLEASE

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correct



MARYLAND STATE DEPARTMENT OF HEALTH (320)
2411 N. Charles St., Baltimore 94a

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CERT	ITIO	TT	OF	DEA	TIT
CRRI		A 1 P.	UP	IJP.A	

Reg. Dist. No. ...

1. PLACE OF DEATH: County Baltimore				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
		State Maryland County					
City or town Fort. Howard (If outside city or town limits, write RURAL and give nearest town)				City or town Baltimore (If outside city or town limits			
How tong in above place	of dealh? 2 d	ays					
Hospital, Institution, or			ryland	Street No. 3643 Cottage A	venue		
	1-11 David	arro		2.(a) it veleran, name war	•		
		a,y.a		2.(a) it veleran, name war			
3. (a) FULL NAME		A 3.7			3. (b) Social Security 1 216012986	Number	
	MIN GLASSM		, married, widowed, or divorced				
4. Sex	5. Color or race	6.(a)Single			ERTIFICATION		
Male	White		Married	20. DATE OF DEATH December 17	19.48	8:55Am	
6.(6) Name of husband or wife) It alive, give age 54 years	21. I CERTIFY that death occurred on the date abo December 15 19 and that I last saw him alive on Decem Immediate cause of death	48 . December	17.19.48	
8. AGE: Years		Days	It less than one day	ACUTE COPONARY OCCLUS		2 days	
58	11	29	hrs min.	.ACCITION TITAL COLLOS	l plate de de consession		
9. Birthplace. New York City (Town, county, and state) 10. Usual occupation. Salesman			tste)	Due to			
		********		Oue to	The state of the s	***************************************	
11. Industry or business 12. Name. Myer Glassman 13. Birthplace Russia 14. Maiden name. Fannie Mervis. 15. Birthplace Russia				Diher conditions	TH ILSUATICIES months of death)		
			tAdmHosp	Autopsy results None PHYSICIAN: Please underline the cause to wh	hich death should be charged	statistically.	
Address Fort Howard, Maryland 17. Burial Oale thereot /2-19-48 (Burial, cremation, or removal, Which?) Cemetery or crematory Hebrew Friendship Cemetery Location 3600 E. Baltimore St., Balto, Md.			(month) (der) (year) ship Cemetery , Balto., Md.	22. VIOLENCE: If death was due to external cau Accident, suicide, or homicide	(County)	(State)	
18. Funeral director			•)				
Address 2100-2102 Eutaw Place, Balto., Md.			, Balto , Md.	23. SIGNATURE A.C. Manaem	ZL.		
19. 12 19 48 (Date ree'd by registrar) 19. Hunding for Williams Meetirar			to Williams, Manne	H. C. MANAUGH, M. D., AddressFORT HOWARD MARY		ER -17-18	

WEST CONTROL OF THE PARTY OF THE PARTY OF THE PARTY.

THE STREET STREET

Carlotting St.

DEC 20 1948 BUREAU V. 8.

(a) State (c) City or town

23. Signature

Registrar

2. USUAL RESIDENCE OF DECEASED:

Date signed !!

(If outside city or town limits, write RUPAL and give town)

BINDING

FOR

CERTIFICATE	
(a) Baltimore City, Maryland (b) Street address. 812 Register Roc.	
(c) Hospital or institution: Armocost Kurning Itane	
(e) Length of stay in Baltimore (yrs., mos., or days)	
3 (a) FULL NAME Isa M. fortown	
3 (c) Social Security Account No.	
Sex 5. Color or race 6 (a) Single, married, widowed, or divorced. Swores	
6 (b) Name of husband or wife 6 (c) If alive, give age years	
7. Birth date of deceased (mo., day, yr.) 5-16-1879	
8. AGE: Years Months Days If less than one day /	
9. Birthplace (Town county, and state) 10. Usual Occupation (Town county, and state) 11. Industry or business	
12. Name Tupper 13. Birthplace not Kapon.	
14. Maiden Name not Known	
(b) Address VOZ Crasles Acc	
17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)	
(c) Cemetery or crematory Marian Management	
Location Saftings Co. 18 (a) Funeral director & S. Janey Man	
(b) Address 1938 E. Lafreyette 400	

(If rural give location) (e) Citizen of foreign country? If yes, name country..... MEDICAL CERTIFICATION 20. DATE OF DEATH DEL, 2) 1948, at y. V. a.M. 21. I certify that death occurred on the date above stated; that lattended deceased from DE 1 1948, to Wee 2) 1948 and that I last saw her alive on NE 26 19 Immediate cause of deatl Duration Other Conditions PHYSICIAN (Include pregnancy within 8 months of death) Date of operation..... Underline the Major findings of operation: cause to which desth should be charged statisof autopsy: tically. 22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide..... (b) Date of occurrence (c) Where did injury occur?..... (City or town) (County) (d) Did injury occur about home, on farm, industrial place, in public place?... While at work? (Specify type of place) (e) Means of injury.

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County.	
City or town	State County
How long in above place of death? 4075	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, operateet address where death occurred:	Street No. 101 Oak Up
71 00 K Bre	(If rural, give LOCATION)
How long in hospital or institution? 4/7	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Heller Tregory	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Femal Cal Matried	2D. DATE DE DEATH 12-31-48 19 19
Wallace	21 I CERTIFY that death occurred on the date above stated; that attended decessed from
6.(b) Nams of husband or wile.	OCT 1944 to 2 2 194
7. Birth date of B. (c) 11 alive give age year	and that I last saw h
deceased (mo., day, yr.)	Immediate cause of death
8. AGE: Years Months Days / Il less than one day	1 Charlestill flux 7, 12,11me
49hrsmi	in. 3/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1
9. Birthpiace (Town, county, and state)	Due to Warden - proposed for 5 = 9 mg
1D. Usual occupation Andrews Long	
11. Industry or business	Due to.
	Other conditions Dulmming Filling
12. Name Stand Stander	
13. Birthplace The Tuity of fac.	(thelude pregnancy within 8 months of death)
14. Maiden name Lynna Havres. 15. Birthplace Tripace George Co. 700.	Major findings of operations.
E 15. Birthplace Tusace George Co, 100.	
16. Interment Wallace Glider	Autopsy results
Address 101 Oak an Address	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address / O in 192 /ilo	22. VIOLENCE: If death was due to external causes, till in the following:
17. (Borial, cremation, or removal. Which?) Date thereot. (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
711" and see Ma	Injured at home, tarm, Industry, public place (where?)
Location M. D.	Means of Injury A Injured at work?
18. Funeral director Dra Kett G Celler II Diff	Massis of Injury 1944
Address / 29 n. Cariturist	- 23. SIGNATURE Sthin I Thron Ja
1 /2/23 10 48 Q. W. Helis	M. D. or other
(Date rec'd by registrar) Registr	ar Address / Date signed

ADING INK. Supply every item of information carefully. The Physicians: please write the causes of death clearly and legibly

E PLAINLY, WITH UNF. is especially important.

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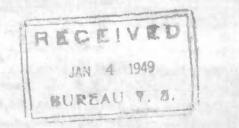
PLAINLY, WITHEN IS especially important.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

122115 Reg. Dist. No. 30

1. PLACE OF DEATH: Butter	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Thumber	State Maxyland county Bullimore
City or town	Cily or town
How long in above place of death?	Mouriside city or town limits, write RURAL and give nesrest town)
908 Ar real facts Marl	Street No. (If rural, give LOCATION)
How long In hospital or Institution?	2.(a) It veleran name war Mond
3. (a) FULL NAME	3. (b) Social Security Number
Frederick Sharle	& Heins
4. Sex 5. Color or race 6.(a) Single, married, vidoused or divorced	MEDICAL CERTIFICATION
Male White Widowes	20. DATE OF DEATH. Delember 31, 19 48, a1 8:30 A.M
Patherine Ball Thin	2). I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife And Miles Miles And Miles	OCT 13 1998 10 Dec 31 1998
7. Birth date of 2012 2019 1997	and that I last saw h J Ma alive on 29 Dec 1998
deceased (mo., day, yr.) R A.G.F. Years Months Days If less than one day	Immediate cause of death
o. nou.	Carcinoma, loft lung
6/min.	will Green williamses umasin
9. Birthplace(Town, eounty, and atape)	Due to
10. Usual occupation & Dunty Supetured	Due to.
11 Industry or business, Baltemore Co.	DUE TO
	Diher conditions
12. Name Sletge Strong	
	(Include pregnancy within 3 months of death)
14. Malden name Fillbuca Smelles. 15. Birthplace Lesmany	Major findings of operations.
15 Birthplace Participal 1	
16. Informant	Antopsy results
Address / / 7/lewerry une Catoria	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or remove) Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Taredone II No 16	Where did injury necur?
Cemetery or crematory	
Location A. Aller Market Marke	Injured at home, farm, Industry, public place (where?) Maans of injury Injured at work?
18 Funeral director Lo. Darton Nones	matte of injury
Address 608 Ferederick ane Cotons	23 SIGNATURE Ceahen Ge Hagness MD.
10 1-2 1048 T/E Harris	Carlo M. D. or other
(Date rec'd by registrar) Registrar	Address laters with Ly M. Date signed Low Y.J.



2411 N. Charles St., Baltimore

12206

CERTIFICATE OF DEATH

13/2

Reg. Diat. No. 34

	· · · · · · · · · · · · · · · · · · ·
1. PLACE OF CRATH	2. USUAL RESIDENCE (HOME) OF DECEASED:
Equally 200	Sin Mausland County Butternore
(If outside city or town limits, write RURAL and give nearest town)	City or town Willautown
ow long in above place of death?	(M outside city or town limits, write RURAL and give nearest town)
ospilal Institution, or street address where death occurred:	Street No. (If rurai, give LOCATION)
low long In hospital or institution?	2.(a) tf veteran, name war.
B. (a) FULL NAME 7/	3. (b) Social Security Number
Laura Kale Hall	
1. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Emply Mute Married	20. DATE DE DEATH 220. 13 19.48 at 1 lb.
S. (b) Name of husband or wife treat to Males	21. I CERTIEY that doth occurred on the date above stated; that I attended deceased from
6.(c) If alive, give age 83	Cafriel 4, 1940 to DEC. 13. 1943
is birth gate of	and that I last saw h. Ed. alive on
deceased (mo., day, yr.) 3. AGE: Years Months Days It less than one day	Immediate cause of death DURATION
79 3 0 hrs.	min.
Col. + ned.	The state of the s
(Town, county, and state)	Due to Francisco Carrier December 10
O. Usual occupation / Lousework	
1. Industry or business	Due to
	Other conditions with a Camporthage Z Ms
12. Name of Maryland 13. Birthplace Maryland	1 1-
	(Include pregnancy within 3 months of death)
14. Malden name — Peols 15. Birthplace Mangland	Major findings of operations.
15. Birthplace Mary 15.	Dale of op.
16, informant	Autopsy results
Address / Campbelland / MA.	22. VIOLENCE: if death was due to external causes, till in the tollowing;
(Burial, cremstion, or remoyal, Which?) (Burial, cremstion, or remoyal, Which?) (month) (day) (year)	Academy entride or hamilaide
Avair Ken	Where did injury occur?
Cemelery or crematory. Baltaea Well	Injured at home, tarm, industry, public place (where?)
Location	Meens of Injury Injured at work?
18. Funeral director	0 . 0
Address Hampstelve md	23. SIGNATURE Charw M. Bush m J
12-14- 4K Mary B. ELi	23. SIGNALUREN M. D. M. D. M. D. M. D. M. D. M. D.

MARGIN RESERVED FOR BINDING

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

VS A15

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PLEASE

(Date rec'd by registrar)

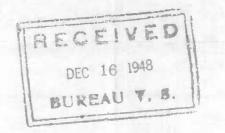


VS A16

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1. PLACE OF DEATH:	State M. d. County Bollings State Note & Cliff Man Towns			
County Ballimore				
City or town. M. Olech Claff Middle To two of M. (If outside city or hown limits, write RURAL and give nearest town)				
How long in above place of death?	City or town Note E Cliff user Townson (If outside city of town limits, write RURAL and give nearest town	n)		
Hospital, Institution, or street address where death occurred:	Street No.			
	(If rural, give LOCATION)			
How long in hospital or institution?	2.(a) If veteran, name war			
3. (a) FULL NAME	3. (b) Social Security Number			
Sister Mary Lidwing Hope				
Sister Mary Lidwing Hall 4. Sex 5. Color or race B.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION			
7				
Ferrale White single	20. DATE OF DEATH ALC 1 19.48 , at 9.4	5 Pe M.		
6,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from			
	Sapt. 19.32, to Dec/	19.48		
7. Birth date of	and that I last saw h. Lt. alive on Dec /	1948		
disceased (mo., day, yr.) July 4, 1862	Immediais cause of death Carein oura (breast)	URATION		
8. AGE: Years Months Days If less than one day		2 410.		
86 4 27hrsmin.				
Philadallia Pa	Due to.			
9. Birthplace Phila dolphia. Pa (Town, county, and state)				
10. Usual occupation Teaching	-			
11. Industry or business	Due to	1001100000000000000000		
	Dther conditions			
	(Include pregnancy within 3 months of deeth)			
14. Malden name Barbara Little				
E 15. Birthplace Reading Pa	Majer findings of operations.			
	Bate of op.			
16. Informant Sr. Mary Clara	Antapsy results			
Address Notels Cliff Md.		iny.		
(1)	22. VIOLENCE: It death was due to external causes, fill in the following:			
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide			
Cemetery or crematory 11 of the Color	Whers did Injury occur?)		
Tomor	Injured at home, farm, Industry, public place (where?)			
Location				
18. Funeral director Seo III Tando III	Means of Injury Injured at work?			
Address 811 N W 2014 182	MILLY DOGO MILLY			
The state of the s	23. SIGNATURE M. D. or other	•		
19 De 3-18 () / 1/ + 1/2 mm)	Address Town Date signed Dec	0 /18		



information carefully. The of death clearly and legible

WRITE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charfes St., Baltimore

CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For propher infants give residence of mother) County Baltimore Slate Maryland County Carroll Cily or town Fort Howard (If outside city or town limits, write RURAL and give nearest town) City or town Westminister (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 2 Days Hospital, Institution, or street address where death occurred; Street No. 145 Willis St. Vet. Adm. Hospital, Ft. Howard, Md. (If rural, give LOCATION) How long in hospital or Institution? 2 Days 2.(a) If veleran, name war.......WWI 3. (a) FULL NAME 3. (b) Social Security Number UNKNOWN (none) HARRY V. HARBAUGH 6.(a) Single, married, widowed, or divorced 4. Sex 5. Color or race MEDICAL CERTIFICATION DIVORCED MALE WHITE 20. DATE DE DEATH December 24 19.48 at 11:40A M 21. I CERTIFY that death occurred on the data above stated: that f allendad deceased from 6.(b) Name of husband or wife Divorced December 22 1948 to December 24 19 48 and that flast saw him alive on December 24 1948. deceased (mo., day, yr.) July 24, 1893 Immediate cause of death..... DUBATION Months If less than one day 8. AGE: CEREBRAL HENORRHAGE 3 days 55 9. Sirlhplace... Westminister. Maryland (Town, county, and state) 10. Usual occupation Retired 11. Industry or business Auto dealer 置 12. Name Harry Harbaugh 13. Birtholace Maryland (Include pregnancy within 3 months of death) 14. Maiden name Sally Fleagle 15. Birthplaca Maryland Major findings of operations..... 16. Informant Clinical Records, Vets. Adm. Hosp. PHYSICIAN: Pfease underline the cause to which death abould he charged statistically. Address Fort Howard, Maryland 22. VIOLENCE: ff death was due to external causes, fill in the following: PLAII s espe Dale thereof 12/28/48 (month) (day) (year)

F. A. Sharrer & Son Westminster, Md.

Cometery of crematory Baltimore National Cemetery

J. Francis Reese

(Burial, cremation, or removal, Which?)

Baltimore, Md.

FORT HOWARD, MARYLAND

Accident, suicide, or homicide.....

Injured al home, farm, Industry, public place (where?)

Whera did Injury occur?(City or town)

Means of injury

Dale signed 12-24-4 8

Injured al work?

March 19 Control of the World of the State

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PUREAU T. S.

PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 38

1. PLACE OF DEATH: OVER PROOK Rd	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town Baltery D. 12 Tourson	State Th. County Balto. County
(If outside city or town limits, write RURAL and give nearest town)	City or town (1f outside city or town finits, write RURAL and give nearest town)
How long in above place of death?	Street No. 804 Street
	(If rural, give LOCATION)
How long in hospital or institution?	2.(o) If veteran, name war
3. (a) FULL NAME Russell n. Hard	Castle 3. (b) Social Security Number
4. Sox 5. Color of raco 6.(a) Sioglo, marriod, widowed, or divorced	MEDICAL CERTIFICATION
m. M. Marsied	20. DATE OF DEATH PECENT DOM 11 1988 31 8:30 PM
B.(b) Name of husband or wife Laura & Hardrastle	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
S.(c) If alive, give age	
7. Birth date of deceased (mo., day, yr.) Quag 24, 1893	and that I last saw halive on
8. AGE: Yours Months Days If loss than one day	Immediate cause of death
55	Coronary Goelusion. Suddely.
9. Birtholace Delaware	
(Town, county, and atate)	ONTONIO-SOLEMOSIS. WITK.
10. Usuat occupation. Service Manager	Duo to
11. Industry or business duta Jarmand motor	p
E 12. Name William A Hardcastle 13. Birthplaco Delaware	Dther conditions
	(Include pregnancy within 8 months of death)
14. Maiden name. Mary Jones 15. Birthplace Delayson	Major findings of operations
Z 15. Birthplace del Gladon	Dato of op.
16. Interment Rama E. 7 tardcastle	Autopsy results
Address 804 Overbrook Ro	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Burial Date thereof 12-14-48	22. VIOLENCE: If death was due to exteroal causes, fill in the following:
(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetory or crematory	Where did injury occur? (City or town) (County) (State)
Location Daylor Control	tnjured at home, farm, lodustry, public placo (whore?)
18. Funeral director John Q. M. oran	Moans of Injury Injured at work?
Address 3600 E. Baltimore St.	foll of Local the W.D.
1 1 20 - 13 US G. W. Hely -1	23. SIGNATURE M.D. or other
(Date rec'd by registrar) Registrar	Address Huzau T. T. Juliato signed 2/11/ 45:

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 3736

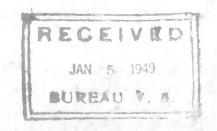
1. PLACE OF DEATH: Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	state Maryland county Baltimore
City or town (If outside city or town timits, write RURAL and give nearest town)	
How long in above place of death? 6 week 5	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. York Road ((frural, give LOCATION)
How long In hospital or Institution?	(if rural, give LOCATION)
3. (a) FULL NAME	3. (b) Social Security Number
Marlene Myrtle 1	Hare
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Single	20. DATE OF DEATH 22 December 1848 at 12:10 P
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	11 November 1970 to 22 Decembers 48
7. Birth date of N. IIII 10 14 Q	and that I last saw h. C.T. alive on 22 December 18 48
8. AGE: Years Months Days If less than one day	Immediate cause of death
6. AGE: hrs	nin. Pheumonia-100at I day
B. Birthplace Cockey suille Batt., Md.	Due to
1D. Usuai occupation.	
11. industry or business	Due fo
	Other conditions
12. Name Letoy Hate 13. Birthpiace Beckleysville, Carrollo. 1	M.
	(Include pregnancy within 3 months of death)
	Majnr findings of operations.
\$ 15. Birthplace Yarkton Balt. G. Md.	Date of op.
16. Informant Levey Have	Autopsy results.
Address Cockeysville, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Date thereof De C 24 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Middle town (emete)	Where did injury occur? (City or town) (County) (State)
Location Freeland, Md R.D.	Injured at home, farm, Industry, public place (where?)
LOCATION	Means of Injury Injured af work?
1B. Funeral director	
Address Tew Ferendom Fo	23. SIGNATURE Cracker T. Kees M. D.
Long or hour Solverle diff - 5%	M. D. or other
19. Oct 17 194 6 Office of States (Date rec'd by registrar) (Date rec'd by registrar)	Address Cockeys ville, Md. Date 202 Dec. 1941

MARGIN RESERVED FOR BINDING

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legipty.

VS A15

PLEASE WRITE



VS. A15

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MA	RYL	AND	STATE	DEPA	RTMENT	OF	HEALTH

Bureau of Vital Statistics, Baltimore

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Baltime

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	6	4	L	1	
Reg. Dist	. N	0			

1. PLACE OF DEATH:	2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) CountyBaltimore	(a) State_Mda (b) County_Baltimore
(b) City or town Hebbuille (If outside city or town limits, write RURAL and give town)	(a) City or town Hebbyille
(c) Street address, hospital, or institution:	(If outside city or town limits, write RURAL and give town)
Rolling-Road	(d) Street No. Rolling Road
(d) Length of stay in hospital or inst. (yrs., mos., or days)	(If rural give location)
(e) Length of stay in this community (yrs., mos., or days) 24-YTS.	(e) If foreign born, how long in U. S. A.?years
3 (a) FULL NAME Russell Russell Joseph Han	rrison
3 (b) If veteran, name war 3 (c) Social Security	MEDICAL CERTIFICATION
No. 212-05-0601	20. Date of death Dec 5 1948 at P.M
4. Sex 5. Color or race 6 (a) Single, married, widowed, or	21. 1 certify that death occurred on the date above stated; that I attend-
Male White divorced. Married	ed deceased from Sac 1 1947, to Dec 5 1948
6 (b) Name of husband or wife Dorothy C. Harrison	and that I last saw him alive on_ Dec 6_1948
6. (c) If alive, give age 43 years	Immediate cause of death Duration
7. Birth date of deceased (mo., day, yr.) March 29, 1904	Coonery Thumbour 12 tark
8. AGE: Years Months Days If less than one day	Due to Artica Ar Armin (secretars)
44 8 6hrmin.	
O Politica Dellina della 163	Due to Higher Blood Presoure Unite
9. Birthplace Baltimore County, Md. (Town, county, and state)	Other conditions theme Reptintis Guardan
10. Usual occupation Switch Bord Installer	(Include pregnancy within 8 months of death) PHYSICIAN
11. Industry or business C & P Telephone Co.	Major findings: Underline the
12. Name Joseph William Harrison	Of operations 20 publication cause to which
13. Birthplace Maryland	death should be charged statisti-
14. Maiden NameOlivia_Peoples	Of autopsy charged statistically.
15. Birthplace Maryland	22. If death was due to external causes, fill in the following:
16 (a) Informant Mrs. Dorothy C. Harrison	(a) Accident, suicide, or homicide
(b) Address Rolling Road, Hebbville, Md.	(b) Date of occurrence
	(c) Where did injury occur? (City or town) (County) (State)
(Burial, cremation, or removal) (Burial, cremation, or removal) (Burial, cremation, or removal)	(d) Did injury occur about home, on farm, industrial place, in public
(c) Cemetery or crematory	(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) (Specify type of place)
- 1N/1 11 . 1	(e) Means of injury
18 (a) Funeral director Millis Lamoveau	Vist HH.
(b) Address 4510 Liberty Heights Ave.	23. Signature 1 Www / V Wmalo V
19 (a) Use 7-48 (b) a.W. Hellisti Registrar	Address (104/19 10 1016) Address Main Books 1121.

PLAINLY, WITH CNH is especially important.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

460

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAI, RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Md. County Baltimore,
City or town	
	City or town (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	(If outside city wr town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long In hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME Mr. Charles Albert H	darryman 3. (b) Social Security Number
4. Sex S. Color or race G.(a) Single (married) widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH DECEMBER 14 19 48 at 8 - P. N.
6.(b) Name of husband or wife Ms. Bertham, Harryman	December 1 19 48 10 Dec 14 19 48
7. Birth date of deceased (mo., day, yr.) April 7 - 1875	and that I last saw h
accesses (mo., aa) (7.7.	Immediate cause of death DURATION
o. AGE:	Cacherla.
73 8 7nrsmin.	Brondlubremme
9. Birthplace Balture, md. (Town, county, and state)	Due fo.
r. r.	Oaxawa a ay
1D. Usual occupation.	Dua 10 La granda
11. Industry or business	
12. Name. Mr. Thomas Harryman.	Other conditions
13. Birthplace Yerryman, Md,	(Include pregnancy within 3 months of death)
14. Maiden name Mary Pasqualina Bayly	
	Major findings of operations
	esomaguo Date of op.
Mrs. Bertha M. Harryman, wife Kingsville, Md.	Autopsy resolts
Address	22. VIOLENCE: If death was due to external causes, fill in the following:
Burial Date thereof. 12/18/48	Accident, suicide, or homicide
17. Burial, cremation, or removal. Which?) Date thereof. (month) (day) (year)	
Cemetery or crematory Loudon Park Com.	Where did Injury occur?
incation Balto., Md.	Injured at home farm, Industry, public place (where?)
WM. J. TICKNER & SONS	Means of Injury Injured at work?
18. Funeral director	110 (
Address Balto., Md.	Notin F. Noquera MD
2001	23. SIGNATURE
19. (Date ree'd by rectstrar) Registrar	Address Ringsnele McDate signed 12/14/48.

PLEASE

1. PLACE OF DEATH:

Baltimore

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For powhorn infents give residence of mother)

CERTIFICATE OF DEATH

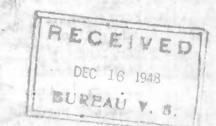
12213 Reg. Dist. No. ..30.....

City or town	State Maryland	County
(If outside city or town limits, write RURAL and g How long in above piece of death?	hs City or town. (If outside city or	imore r town limits, write RURAL and give nearest town)
Spring Grove State Hospital	Street No	Belgian Avenue
How long in hospitel or institution?. 19 years, 9 mont		f rural, give LOCATION)
	(1) 2.(a) tf veteran, neme wer	
3. (a) FULL NAME William H. Hil	ton	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, wide married.	ried	mber 15 19 48 18 20 am
S.(b) Neme of husbend or wife Mollie E. Ritt	er 21. I CERTIFY thet death occurred on	n the date above stated; that I altended deceased from
The state of the s		
7. Birth dete of	and that I tast som he sine of	on19
deceased (mo., day, yr.) December 22, 1863	Immediate cause of death	DURATION
8. AGE: Yeers Months Days If less tha	n one dey acute cons	
84 11 23		
9. Birthplace St. Mary S. Co. Mary 1. 10. Usual occupation Farmer 11. Industry or business Farm	Due 10.	escular persedissa.
John Hilton 13. 8irthplace Maryland	Other conditions fact	are of left former
≥ 13. 8irthplace Maryland		cy within 3 months of death)
H 14 Maiden neme Pamelia Bohanan		
5 15. Birthplace St. Mary's Co., Maryl	and Major findings of operations	

16. Informant Hospital records		cause to which death should be charged statistically.
Address Catonsville-28, Maryl	and	
17. Burial Date Thereof Date Thereof (mon Cemelery or crematory) Company Company Company March 19 Company Ma	Assident, vicide, or homicide. Where did figure occurred. (Cit	ty or town (County) (State)
18 Funeral director S. F. Eline Son	Whate of injury	Vic place (where?) hvofutal Vical Injured et work? 220
Address / Purstustour	ma les	Inkieffer Eram of Ball
19. 12-15 19.46 UE. He.	Registrar Address 1010 Lee	M. D. or other 124
(Date ice u by ickistial)	Address American III Address American	

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WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Rog. Diet. No. 3/

1. PLACE OF DEATH: County Paltimore City or town Hollofield (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, inelitation, or street address where death occurred:		2. USUAL RESIDENCE (HOME) OF DECEASED: (For rewborn infants give residence of mother) State Maryland County Baltimore City or lown Baltimore 7 (If outside city or town limits, write RURAL and give nearest town) Street No. Dogwood Road (Hollofield) (If rural, give LOCATION) 2.(a) It veleran, name war.			
				3.(a) FULL NAME Bessie Margaret Humphrey	
4. Ser	5. Celor ar race	0	e, married, widowed, or divorced	MEDICAL	ERTIFICATION
4. 00.					
F	Th'	Ma	rried		3148, at S. 15A
		8.(amphreyyea c) it alive, give ageyea L	and that t last saw h 2 alive on De	48 10 Dec. 31, 1048 = 30, 1848
8. AGE: Yeare		Days	If less than one day	Junedicte course of death feart	OURATION
67	1 1.	19	hremi	" I wen coursen	
10. Veuat occupation	At Home	wes	atate)	Due to	
14. Maiden nameUnknown				(Include pregnancy within 3 months of death) Major findings of operations	
Address Baltimore 7, Md. 17. Burial Date thereot 1-3-49 (month) (day) (year) Cemelery or crematory Good Shepherd Location Ellicott City Md. 18. Funeral director F. C. Higinbothom Address Ellicott City Md.		Autopsy results PHYSICIAN: Please onderline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causee, fill in the following: Accident, suicide, or homicide			
				Manne of Injury	Injured at work? That Lus M. D. or other
		1 Landallston	M. D. or other		

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2411 N. Charles St., Baltimore

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12215

Reg. Dist. No. 31

1. PLACE OF DEATH: County Baltimore City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 33 Yrs. Hospital, Institution, or street address where death occurred: How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECLASED: (For newborn infants give residence of mother) State	
3. (a) FULL NAME	3. (b) Social Security Number	
Mary M. Jackson	none	
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 8.30	
Female White Married	20. DATE OF DEATH. December 29, 19 48 at p. M	
6.(b) Name of husband or XIX. Leo Jackson 6.(c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) July 29, 1891	21. I CERTIFY that death occurred on the date above stated; that I attended disceased from	
8. AGE: Years Months Days If less than one day	Caronary as elusion about 2 hrs	
57 5 0hrsmin.		
Baltimore, Md. (Town, county, and state) 1D. Usual occupation. House-wife 11. Industry or business 12. Name. John Steinmetz 13. Birthplace Baltimore, Md.	Due to	
14. Maiden name Anna Lechel Baltimore, Md.	Major findings of operations	
16. Informant Mr. Leo Jackson Address 1628 Ingleside Ave.,	Autopsy results	
17 Burial Date thereof Jan 1, 1949 (month) (day) (year)	22. WOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide	
Cemetery or oxidory	Whers did injury occur?	
Location Woodlawn, Md. 18. Funeral director Storage Strong Address 3207 W. North Ave., 19. Dec 31 1948 G. W. Melrich (Date rec'd by registrar) 9.5 registrar	Injured at home, farm, Industry, public place (where?) Mesons of Injury 23. SIGNATURE	

Every item of information should be carefully supwrite the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

UNFADING INK. Physicians: please

PLEASE WRITE PLAINLY WITH correct age is especially important.

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CERTIFICATE OF DEATH

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Registered No.

CERTIFICATI	E OF DEATH 8 200	39
1. PLACE OF DEATH: (a) Baltimore City, Maryland (b) Street address Bellona & Gittings (c) Hospital or institution: Mercy Villa (d) Length of stay in hospital or inst. (yrs., mos., or days)	2. USUAL RESIDENCE OF DECEASED: Md. (a) State	L and give town)
3 (b) If veteran, name war no 3 (c) Social Security Account No. no 10 3 (c) Social Security Account No. no 10 10 10 10 10 10 10 1	MEDICAL CERTIFICATION 20. DATE OF DEATH Dec. 12, 19 49 21. I certify that desth occurred on the date above state ed deceased from Nev. 2019 48, to Dec.	ed; that lattend
6 (b) Name of husband or wife. Eugene Jenkins 6 (c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) Mar. 23, 1863 8. AGE: Yesrs Months Days If less than one day 85 8 19 hr. min. 9. Birthplace Baltimore, Md. 10. Usual Occupation Cetures More thousands. 11. Industry or business 12. Name. Michael M. Frederick	and that I last saw h. alive on	Duration
13. Birthplace Germany 14. Maiden Name Anna 15. Birthplace Germany 16 (a) Informant Mr. B. J. Frederick (b) Address 115 W. Saratoga St.	Date of operation. Major findings of operation: of autopsy: 22. If death was due to external causes, fill in the fo	cause to which death should be charged statistically.
Burial (b) Date thereof 12/15/48 (Burial, cremation, or removal) (month) (day) (year) (c) Cemetery or crematory Cathedral Cem. Location Balto., Md. 18 (a) Funeral director WM. J. TICKNER & SONS (b) Address Baltimore, Md.	(b) Date of occurrence	nty) (State) place, in public

2411 N. Charles St., Baltimore

83a

12217

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Mde Gounty City or town Baltimore (If outside city or town limits, write RURAL and give nearest town) 1918 Sulgrave Ave. (If rural, give LOCATION) 2.(a) It veteran, name war.	
3. (a) FULL NAME IDA V. JONES	3. (b) Social Security Number none	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Single S	MEDICAL CERTIFICATION Dec. 22, 48 4:15	
6.(b) Name of husband or wife	21. CERTIFY that death occurred on the date above stated; that lattended deceased from 19. 6. 6. 7. 19. 6. 6. 7. 19. 6. 6. 7. 19. 6. 6. 7. 19. 6. 6. 7. 19. 6. 6. 7. 7. 19. 6. 7. 7. 19. 6. 7. 7. 19. 6. 7. 7. 19. 6. 7. 7. 19. 6. 7. 7. 19. 6. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7.	
8. AGE: Years Months Days It less than one day 0min.	Lere leras MELLE Orshage 2898	
9. Birthplace. Baltimore, Md. (Town, county, and state) None 10. Usual occupation. 11. Industry or business 12. Name Stephen W. Jones 13. Birthplace Baltimore, Md. EL 14. Maiden name Susan M. Carter EL 15. Birthplace Baltimore, Md.	Due to	
16. Intermant Mrs. Nellie Hoskins	Antopay results. PHYSICIAN: Please underline the cause to which death should be charged statistically.	
Address 3405 University Place Burial 12/24/48 (Burial, cremation, or removal, Which?) Cemetery or crematory Greenmount Cem. Location Balto., Md. 18. Funeral director WM. J. TICKNER & SONS Address Balto., Md. 19. Ole 24 19 H R. W. Registrar	22. VIOLENCE: It death was due to external causes, till in the following: Accident, suicide, or homicide	

PLEASE WRITE PLAINLY, 's especially

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

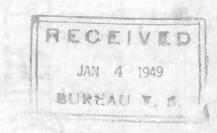
93d

12218

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DE	ATH: Balt:	imore		2. USUAL RESIDENCE (HOME) OF DECEASED: (For rewhorn infants give residence of mother)			
	A 1	7 7 7 .		State Maryland County			
How long in above place Hospital, Institution, o	e of death?10ye r street address where g Grove St	death occurre	WHAL and give nearest town) months, 28 days spital months, 28 days	City or town Baltimore (If outside city or town limits, write RURAL and give nearest town) Street No. 420 South Payson Street (If rural, give LOCATION)			
3. (a) FULL NAM	Anna l	Kalmer		3. (b) Social Security	Number		
4 Sex	5. Color or race	6.(a)\$ing	ie, married, widowed, or divorced	MEDICAL CERTIFICATION			
female	white		widowed	20. DATE OF DEATH December 29 19.48	, 8:22 a m		
6.(6) Name of husband or wife				21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 1 19 38 10 December 29 19 48 20 20 20 20 20 20 20 20 20 20 20 20 20			
8. AGE: Year	The second secon	Days	If less than one day	Pulmonary oedema			
7	6 8	25	min.	, , , , , , , , , , , , , , , , , , , ,			
9. Birthplace Maryland (Town, county, and state) Housewife				Due to. Cardiac failure Due to. Arterioscleratic cardiovascula			
t1. Industry or busine				disease	indefinit		
12. Name	Charl Maryl	es Bro	vm.	Dther conditions			
14. Maiden name	Contra	e Meye	rs	(Include pregnancy within 3 months of death) Major findings of operations			
16, Informant	Hospi	tal re	cords	Autopsy results			
17. (Burker, crematio	lak which	Date the	-28, Maryland reol fact (month) (day) (year) Pack	22 VIOLENCE: If death was due to external causes, fill in the following:			
				Means of injury Injured at work?	74-		
	17. B. U	0 0	A -	Graden Fred m. s.			
	900 6		V Rluse	23. SIGNATURE Isadore Tuerk, M.D.			
19	4.5 19		Registrar	Catonsville-28, Md. Rate stoned 12-20-48			



A15 VS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12219

CERTIFICATE OF DEATH

Dan Dink No.

//	Rog. Dist. No.
1. PLACE OF DEATH County	2. USUAL RESIDENCE (HOME) OF DECEASED: (por person infants give residence of mother) State County City or town (H outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.
	1 p. (2) p. +1 p. +1 1
3. (a) FULL NAME MARION LOUIS LAR WA 4. Sex 5. Color of race Married, wildowed, or divorced Married	3. (b) Social Security Number MEDICAL CERTIFICATION 2D. DATE DF DEATH. 2D. DATE DF DEATH. 3. (b) Social Security Number
6 (b) Name of husband or wife Margaret Karwacks	21. I CERTIFY that death occurred on the date above stated; that f attended deceased from
6.(b) Name of husband or wife Margaret Karwacks	
7. Birth date of 9 ch 10 1901	and that I last saw h
deceased (mo., day, yr.) CRV, 19	Immediate cruse of death
8. AGE: Years Months Days It less than one day	1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
97hrsmin.	O way o course
D 15-	
9. Birthplace(Town, county, and atate)	Due to
00	
10. Usual occupation.	Due to
11. Industry or business slandard Oil	
= 12 Name John /xarwachi	Other conditions
	(Include pregnancy within 3 months of death)
# 14. Malden name Muchaeliuna	Major fiadiogs of operations
14. Malden name Muchaeligna 15. Birthpiace foland	
	Date of op.
16. Interment Mrs Margarel Karwacks	Actopsy results
Address 19112 O Donnell sh,	PHYSICIAN: Please uoderline the caose Io which death should he charged statistically.
Address 1/2 19 N .CC	22. VIOLENCE: tt death) was due to external causes, fill in the following;
17	Accident, suicide, or homicide
Cemetery or openatory Savred Beart of Mary	Where did injury occur? (County) (State)
Jerman 16,46 R 640	Injured at home, farm, industry, public place (where?)
ALLI & the window 1810	Means of injury Injured at work?
Address Con Constant	1/1/2Davis masi.
	23 SIMATURE M. D. S. SIMATURE
19. Lie a 6 19 48 a W. Hellich (Date rec'd by registrar) Registrar	Address Date signed V/ 16AC
(Date ice d by regional)	

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12221)
Reg. Diat. No. 32 -

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
County Dallang for	State 2nd County Balling	2		
City or town	P. 1/1. 1/1.			
How long in above place of death? 3 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	City or town	town)		
Hospital, Institution, or street address where death occurred.	Street No. 2/3 Church La e			
	(If rural, give LOCATION)			
How long in hospital or institution?	2.(a) If veteran, name war	***************************************		
3. (a) FULL NAME	3. (b) Social Security Num	ber		
Mary Holes Kesen	eder none			
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION			
		11 45P		
1 W Single	20. OATE OF DEATH 2 Dec 19.48 , 21/			
6.(b) Name of husband or wite	21. I CERTIFY that death occurred on the date above stated; that I attended deceased t	lrom Ø		
	Dec 1946 10 12 ec	19.4		
T. Birth date ot	and that I tast saw h. C. T. alive on	19.48		
deceased (mo., day, yr.) 22 June 1911	Immediais cause of death	OURATION		
8. AGE: Years Months Days If less than one day	Cardioresperalony failure			
37 3hrsmin.				
8. Birthpiace Prhenville, manyland	Que to Epilepson	2.0420		
(Town, eounty, and state)	4 0 0	v		
10. Usual occupation hone	Due to.			
11. Industry or business				
E 12. Name Joseph A. Kennedy	Other conditions.			
12. Name your A. Kinnsty				
	(Include pregnancy within 8 months of death)			
14. Maiden name. Znan Ewwyls	Major findiage of operations.			
15. Birthplace	Date of op.			
Carlot B Von and	Antoney results 2001			
16. Informant (1.0 %)	PATSICIAN: Please underline the cause to which death should be charged statis	rtically.		
Address 213 Church Fand Villavilla h	22. VIOLENCE: If death was due to external causes, till in the tollowing:			
17. Date thereof	Accident, suicide, or homicide			
At tot le VI - PRISA		tate)		
Gemetery or crematory		ate)		
Location Telescolle Mild	tnjured at home, farm, Industry, public place (where?)			
18. Funeral director I mark N. Mewsel	Means of Injury Injured af work?			
All Colones	Q NR LO			
Address Sherville May	23. SIGNATURE Vaul N. Rouse In D. M. D. or of	th ar		
10 12.3 - 1048 166 MOKA CO MIN	0.6.10 0 111			
(Date rec'd by registrar) Registrar	Address Vilewilla 8 hd Date signed D	Land of the form		

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED

DEC 6 1948

MIREAU V. S.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

920

Reg. Dlat. No.

1. PLACE OF DEATH: County DALT MESSE CHOME) OF DECEASED: (For newborn infants give residence of mother) State MALL County DALT MESSE CO
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death? How long in above place of death?
How long in above place of death? Hospital, institution, or, streel address where death occurred: Streef No.
Hospital, institution, or, street address where death occurred: Street No
3. (a) FULL NAME 3. (b) Social Security Number FRANK 4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced MEDICAL CERTIFICATION MAKE WHITE WIDOWED 20. DATE DF DEATH 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
3. (a) FULL NAME 3. (b) Social Security Number None 4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced MEDICAL CERTIFICATION
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced MEDICAL CERTIFICATION MAKE WHITE WIDDWED 20. DATE DF DEATH. DECEMBER 25. 19.48, at 6:30 A. M. 8.(b) Name of husband or wife. MINNES IT LEFNER 21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced MEDICAL CERTIFICATION MAKE WHITE WIDOWED 20. DATE OF DEATH. DECEMBER 25. 19. 49., at 6:30 A. M. 8. (b) Name of husband or wife MINNIE IT LEFNER 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
MALE WHITE WIDOWED 20. DATE DF DEATH DECEMBER 25 19 48, at 4:30 A m 8 (b) Name of husband or wife MINNIE IT LEFNER 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
MALE WHITE WIDOWED 20. DATE DF DEATH DECEMBER 25 19 48, at 4:30 A m 8 (b) Name of husband or wife MINNIE IT LEFNER 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
8 (b) Name of husband or wife MINNIE IT LEFNER 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
8.(b) Name of husband or wife MINNIE IT IEF WERE 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
- 111 L 11/00 25 1/8
S.(c) If alive, give age years - 19 15 to Add 22 18.4
7. Birth date of and that I last saw h savalive on 19
deceased (mo., day, yr.) 77 1/612 27, 1868
- 1/2 mil (1/2/2/2/2/2)
80 7 26 hrs. min.
9. Birthplace MARY & AND Due la General Constanta 4mo
(Town, county, and state) — General Grossarca 4mos
10. Usual occupation RETIRGO CARPENTER. Bue to
11. Industry or business
12. Name UNIXIXALULA Dither conditions.
X 13 Righthalace
(Include pregnancy within 3 months of death)
14. Maiden name Major fiedings of operations Dafe of op.
₹ 15. Birthplace Dafe of op.
18. informent LATHERINE NIELSON Autopsy results MMC
Address 1405 WILSON POINT RO PHYSICIAN: Flease woderline the cause to which death should be charged statistically.
17 PARCIA 22. VIOLENCE: If death was due to external causes, fill in the following; (Burial, eremation, or removal, Which?) Date thereof (22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Cemetery or crematory MT. CARMEL CEMA Where did injury occur? (City or town) (County) (State)
(Ord or ward) (Common) (Common)
Location
19. Funeral director January C. Combrace January Means of Injury Injured at work?
· Address 1328 Sulphur Suring Rel. (1) Whetite M
23. SIGNATURE M.D. or other
19. Deteroe by registrar Address 279 Milliam of Date signed 2/2 2/4/4.

WRITE

PLEASE

Evidence fitems # 7			MARYLAND S	STATE DEF	PARTMENT OF	HEALTH		12	222
of items #	12,13,14 8	a 15 sl	nown on: 24	411 N. Charles		820	Reg. I	Dist. No	44
How long in above place Hospital, Institution, or	Fort Howa utside eity or town lin of death? 1 D etreet addrese where t Hospital,	rd nite, write R ay leath occurred Ft. H	URAL and give near	eat town)	2. USUAI. RESIDEN (For pewborn info State Mary] City or town Roc (if oute Street No. NO 2.(a) If veleran name wa	and Count Hall k Hall ide city or town limits, ne (If rurn), give	write RURA	Kert	arest town)
3. (a) FULL NAMI								ial Security	Number
			KILLION					5-1879	
4. Sex	5. Color or race		, married, widowed, or d	livorced		MEDICAL CE			
Male	White	5	ingle		20, DATE DF DEATH	December 2	22,	1948	.1.2:15 A
6.(b) Name of husband 7. Birth date of	oct:) If alive, give age	years	and that I last saw h .I.M.	21, 19.	18 10 D	ecember	. 22, 1948 1948
8. AGE: Years	Months	Daye 68	If leee than one day	min.	Immediate cause of deal				Unknown
	hiladelphi (Town Unemploy				Due to	ou, esseiti	AI.		Unknow
11. Industry or busines 至 12. Name	ernard hiladely	J. Kil	Pa Pa		Major findings of operat	e pregnancy within 3 m			
16. Informan1 Cl	inical Rec		Vets. Adm.	Hosp.	Antopsy results	derline the cause to wh	ich death shoo		statistically.
Cemetery or cremato Location Physical 18. Funeral director Addrese 6009	or removal. Which?) Coffice: Ca Blight Fur Harford Ro	(Mm. 7 neral H	oganting	Thom) Plight L	22. VIOLENCE: If dealy Accident, suicide, or hom Where did Injury occur? Injured at home, farm, in Meane of Injury 23. SIGNATURE	(City or town) iduetry, public place (wh	(Co	Date of	(State)
(Date ree'd by re	gistrar)		93	Registrar	Addrese VAH	OKT HOWARD.	MD. J	Date signed	

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

3 & Reg. Diat. No. ... 3 /

Dans CLIKITICAT	Reg. Diat. No
1. PLACE OF. DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County Billion City or fown Washington write HURAL and give negrest town) Street No. (If rural, give LOCATION)
Now long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Merretta & Ko	3. (b) Social Security Number
4. Ses 5. Color or race 6.(a) Single. married, widowed, or divorced Hernale White. Bugge	MEDICAL CERTIFICATION 2D. DATE OF DEATH Dec. 3 1848 21 / A M
6.(b) Name of husbaod or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) 8. A.G.F. Years Months Days If less than one day	and that I last saw less alive on Dec 3 18.4%. Immediate cause of death
66 9 22nin.	Coronary Montosis 3 ters
9. Birthpiace	Due to.
11. Industry or business 12. Name	Diher conditions Chionic Myocardial Deg. /414
14. Maiden name Elizabeth Rottsage Bullo	Major findings of operations
16. Informant Cedith We Wills Address 6408 Walnut ave	Antopsy results. 10 Qual PHYSICIAN: Please anderline the cape to which death should be charged statistically.
(Burial, cremation, or removal, Which?) Date thereof. (day) (year)	22. VIOLENCE: If death was due to esternal Guses, fill in the following; Accident, suicide, or homicide
Location 28.0.1 Frederick are	(City or town) (County) (State) Injured at home, farm, Industry, public place (where?)
18. Funeral director State Citate Place	23 SICHATHER Joshus H armaeost MA
19. (Date rec' by registrar) 18. CAS a W fillus Registrar	Addres 64/9 Wrishon Will Boundary 3/8

MARYLAND ST

241

TATE	DEPAR	TMENT	OF	HEALTH	1 2
N. CI	harles St.,	Baltunor	0	93	d

CERTIFICATE OF DEATH

20

			CERTIFICA	Reg, Dist, No.			
1. PLACE OF DEA	TH: timore	-		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infents give residence of mother)			
				State Maryland County			
City or town				Reltimore			
				Street No. 311 S. Castle Street			
				(If rurol, give LOCATION)			
How long in hospital or	Institution?Q	ne mont	h	. 2.(a) It veleran name war			
3. (a) FULL NAME		TO HE		3. (b) Social Secur	rity Number		
JOSEPI	H KOWNAC	KT	215-05	- 3281			
4. Sex	5. Color or race	6.(a)Sing	te, married, widowed, or divorced	MEDICAL CERTIFICATION			
М	140	Was	rried	20. DATE OF DEATH. December 17, 19 40			
6.(b) Name of husband o	r wifeJos	ephine]	Kownacki (c) If alive, give age54year	" Morrowhow 177 40 December 1	ber 17 ₁₉ 48		
7. Birth date of	Novem	ber 1,	1894				
deceased (mo., day, yr 8. AGE: Years	Months	Days	It less than one day	Immediate cause of death	DURATION		
54	1	16		Uremia, chronic	Indefinit		
	-		min				
8. Birthplace Pol	and		etate)	Due to Congenital polycystic kidney			
	Tongeho	n, county, and	etate)	disease bilateral Life			
				Due to Hypertensive cardiovascular			
11. Industry or business				disease	Indefinit		
12. NameJo	hn Kowna	cki		Other conditions Carbuncle of leg	1 week		
13. Birthptace	Poland						
EN LA MILL	Tosenhi	ne (un	known)	(Include pregnoncy within 3 months of deeth)			
14. Maiden name 15. Birthplace Po	. J 3	ua		Major hodiogs of operations			
				Date of op			
16. Informant Hos	pital re	cords		Actopsy results none			
Address Cat	onsville	28. Md		PHYSICIAN: Please ooderlice the cause to which death should be char	ged statistically.		
				22. VIOLENCE: It death was due to external causes, titl in the following:			
17. Bumice	or removel. Which	Bate the	reot Det 2/ 194 (month) (day) (year)	Accident, suicide, or homicide			
Cemetery or cremator	Hal		ry Clu	Where did injury occur?	(State)		
	0 /		yty	Injured at home, tarm, industry, public place (where?)	17.		
Location	(1 1)	111	N. J	Maans of Injury Injured at work?			
18 Funeral director	ohu n	a 4/)l	سر الم	means of injury down the injured at work?			
Address	01 1.	Cher	ten storeet				
0	- 4		2 21 161	23. SIGNATURE Isadore Tuerk, M.D.	D, or other		
19. Dell	19 19	4.8	a_w. Hen	Cotonowillo 20 14	12/17/48		
(Date rec'd by reg	istrar)		Registro	Address Gatonsville 20, Md. Date sig	neg		

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The carried age is especially important. Physicians: please write the causes of death clearly and legibly.

RESERVED FOR BINDING

MARGIN

VS_A15

The

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
(a) Baltimore City, Maryland	Balt	more
(b) Street address / 915 Ingoler and	(a) State Mol (b) County	• • • • • • • • • • • • • • • • • • • •
(c) Hospital or institution:	(c) City or town Baltimers Co.	
	(If outside city or town limits, write RURAL	and give town)
	(d) Street No. 1915 Smyder a	ul
(d) Length of stay in hospital or inst. (yrs., mos., or days)	(e) Citizen of foreign country?	(Yes or No)
(e) Length of stay in Baltimore (yrs., mos., or days) 2.0	If yes, name country	
3 (a) FULL NAME Standar Krakon	~ 6 le	
3 (b) If veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION	715
No. 2/3 - 47 - 2492	setting are fill and the setting of the control of the setting and	mynt hleans
	20. DATE OF DEATH DEC 1948	
4. Sex 5. Color or race 6 (a) Single, married, widowed, or divorced.	21. I certify that death occurred on the date above state	d; that lattend-
M W divorced. married,	ed deceased from May 12 1947, to Sec	1948,
6 (b) Name of husband or wife Kak milya Krakow	and that I last saw haus alive on Nov 30 19	48
6 (c) If alive, give age years	Immediate cause of death	Duration
7. Birth date of deceased (mo., day, yr.) / 792	Congestive Heart Failise	140
8. AGE: Years Months Days If less than one day		
) 6 hrmin.	Due to Coronary atten seeme	172903
9. Birthplace Paland		
(Town, county, and state)	Due to My De Proude C. V. Drisol	a gro.
10. Usual Occupation	***************************************	
II. Industry or business	Öther Conditions	
12. Name Paul Krahaway	(Y 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	PHYSICIAN
	(Include pregnancy within 3 months of death) Date of operation	77 7 11 - 11 -
3. Birthplace Performed	Major findings of operation:	Underline the
14. Maiden Name Unknaur		death should be
5 15. Birthplace Paland	of autopay:	charged statis- tically.
16 (a) Informant 14/2) Karmilya Krahaw	2. If death was due to external causes, fill in the fol	lowing:
(b) Address 1915 Snyder and	(a) Accident, suicide, or homicide	
	(b) Date of occurrenceat	M
(Burial, cremation, ox removal) (month) (day) (year)	(c) Where did injury occur?	
(c) Cemetery or crematory Haly Rayan Cu	(City or town) (Coun-	.,
Location Balton Conductor		-
18 (a) Funeral director, John M. Alley	place? While at work (Specify type of place)	'ipk
	(e) Means of injury	4
(b) Address 40 U Shifty White	23. Signature 2 Yellow - Macket	17
19 (a) UFU 3 1948 (b)	Address 6714 Holohyd hugers sign	ed 12/2/48

2411 N. Charles St., Baltimore

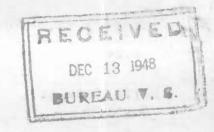
CERTIFICATE OF DEATH

93d

12226 Reg. Dist. No. 32

1. PLACE OF DEA	TH:			2. USUAL RESIDENCE (HOME) OF DECEASED:		
County	Baltimore		••••••	(For newborn infants give residence			
ity or town	Pikesvil	Le	RURAL and give nearest town)	State			
				City or town (If outside city or town if	esville		
How long in above place Hospital, institution, or	of death?	sath secure		(If outside city or town if	imits, write RURAL and give n	earest town)	
Augs bu:	ra Home	eath occurre		Sireet No. Campfi eld	give LOCATION)		
	5	Yrs.					
				2.(a) if veteran, name war			
3. (a) FULL NAME	Cath	erin	e Kruspe		3. (b) Social Security	y Number	
4. Sex	5. Color or race	6.(a)Sing	ie, married, widowed, or divorced	MEDICAL	CERTIFICATION		
F	W		Widow			. 64 5	
		4		20. DATE OF DEATH			
6.(6) Name of hueband	or wifeGUE	tav	***************************************	21. I CERTIFY that death occurred on the date	e above stated; that I attended dec	ceased from	
			(c) If alive, give ageyea	march - 10	19 7 10 000	./.Q 19.7.6	
7. Birth date of	Dea			and that I last eaw h.2.1alive on			
deceased (mo., day, your 8. AGE: Years	147	Daye	It less than one day	Immediate cause ol death		DURATION	
90	months.	00,0		interio - felera	tre translive		
	771-		hrsml	n. Vasenlar o	Disinge -	1700.	
9. Birthpiace	Readir			Due to Teneralized	arleno -		
	(Town, c	ounty, and		Schenth o	Disease	****	
10. Usual occupation	None	*************		Due to		****	
11. Industry or business							
当 t2. Name	David E	enzl	er	Other conditions	***************************************	****	
13. Birthplace	German						
			4	(Include pregnancy with			
14. Maiden name	Commin			Major hadings of operations			
2 15. Birthplace					Date of op.		
16. Informant	Records	Aug	sburg Home	Aotopsy results	***************************************		
Address	Campfield	5G 1		PHYSICIAN: Please moderline the cause t		d statistically.	
				22. VIOLENCE: If death was due to externa			
17Buria	or removal. Which?)	Date the	(month) (day) (year)	Accident, suicide, or homicide	Date ot		
			Hill Cem.	1	(Compte)	(State)	
			.a	1	inlured at work?	*** ********	
18. Funeral director	L. Hee min	nen	d Son	Meens of Injury	Injured at work?		
Address 60	067 Harfo	ord B	d.	111	Charles		
			98 h. 11	23. SIGNATURE Park	Than bers	or other	
19. (2 - /	/ - 19.48 gistrar)	. 10	4 G G Michael	ar Address 4108. Sheet	At5 Date signer		
(Date rec'd by rea	gistrar)		Registr	AT II Address		But of the state	

MARGIN RESERVED FOR BINDING



PLEASE WRITE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

	-dl	Ky	<	4	6
			U	U	,
. Dist	No.		/.	7	

10000

	Reg. Dist. No.
1. PLACE OF DEATH County County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town. (If outside city or town limits, write RURAL and give nearest town)	City or town (Four ty or town limits, write RURAL and give nearest town)
Now long in above place of death? Nospital, institution, or street address where death orcolod:	Street No. (If rural, give LOCATION)
How long In hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME III Kucharez	3. (b) Social Security Number 215-09-7192
4. Sex (5. Color or race) 6.(a) Single, married, widowed, or divorced of the sex of the	MEDICAL CERTIFICATION 20. DATE OF DEATH 20. DATE OF DEATH 20. DATE OF DEATH
6.(b) Name of the Martha	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) OFINE STATE OF	and that I last caw halive on
8. AGE: Years Months Days If less than one day	Immediate cause of death OUBATION
9 Birthplace Polant,	Oue to
10. Usual occupation	He fer lensen
11. Industry or business 2000, Con Toes	
12. Name Antoni Aucharozyk 13. Birthplace Poland	Other conditions
E 14. Malden name Frances Reputakowski	(Include pregnancy within 3 months of death) Major findings of operations.
15. Birthplace POland	Date of op.
16. Informant Mrs. Martha Kucharczyk Address 420 Oriole Ave	Autopsy results
Burial Date thereof 12448 (Burial, cremation, or removal, Which?)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery 2000 Holy Rosary	Where did injury occur? (City or town) (County) (State)
Location Beltimore County Md.	Injured at home farm, industry, public place (where?)
18. Funeral director George & Weber Address 705 South Ann Street	Mesons of Injury Injured at work?
19. Lec 2 19 48 a.w. Hedrich (Date rec'd by registrar) (Registrar)	23. SIGNATURA MORAL SUPPLIANCE STORY OF OTHER Address of the Control of the Story o

2411 N. Charles St., Baltimore

2 HISHAL RESIDENCE (HOME) OF DECEASED

Reg. Dist. No.....

CERTIFICATE OF DEATH

(For newborn infants give residence of mother)
State Mid Gounty Balto
City or town. (If outside city or town limits, write RURAL and give nearest town)
Street No. 3.2.7. Didit Drive (If rural, give LOCATION)
2.(a) If veleran, name war
3. (b) Social Security Number
MEDICAL CERTIFICATION
20. DATE OF DEATH 19 48 at 4 50 6
21. I CERTIFY that death occurred on the date above stated; that I altended deceased from 19. 15. 10. 10. 19. 15. and that I last saw have alive on 19. 15.
Immediate cause of death Duration 3/2 year
Due to
Due Io
Cther conditions
(Include pregnancy within 3 months of death)
Major findings of operations.
Date of op
Autopsy results
22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide
Where did injury occur?
(City or town) (County) (State) Injured at home, farm, Industry, public place (where?)
23. SIGNATURE W Strofter Husburge M. D. or other Address 214 Welcal Cut Oly . Date signed 12/24/4/
Address Date signed 12-2-

correct information carefully. The every item of i causes write C. Supply of UNFADING INK. important. WITH especially PLAINLY, WRITE PLEASE

age

1. PLACE OF DEATH:

How long in above place of death?.....

How long in hospital or institution? 3. (a) FULL NAME

deceased (mo., day, yr.)

Years

62

8. AGE:

9. Birlhplace.

1D. Usual occupation. 11. Industry or business 12. Name

13. Birthplace

14. Malden name

17. Burial
(Burlal, cremation, or removal, Which?)

14. Malden na 15. Birthplace

16. Intermant

Address

18. Funeral director

(Date rec'd by registrar)

4. Sex

Hospital, Institution, or street address where death occurred:

5. Color or race

Months

5

(If outside city or town limits, write RURAL and give nearest town)

Days

2

(Town, county, and state)

6.(a) Single, married, widowed, or divorced

if less than one day

(month) (day) (year)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correctage is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Cherles St., Beltimore

2. USUAL RESIDENCE (HOME) OF DECEASED:

12229

Reg. Dist. No. 3

CERTIFICATE OF DEATH

1. PLACE OF DEA				2. USUAL RESIDENCE (HOME) O	F DECEASED:	
County.	Tille No-			State aryland co	unty Boltingone	
City or town	tside city or town li	mits, write R	URAL and give nearest town)			
New long in chara sizes (f death?	4 VI	S	City or lown	s, write RURAL and give near	rest town)
Hospital, Institution, or	treet address where	death occurred		Street No. 3621 Milford		
			i Lome		e LOCATION)	
How long in hospital or			3	2.(a) If veleran, name war	***************************************	
					1 2 (1) 5 - 15	Vl
3. (a) FULL NAME					3. (b) Social Security !	damper
Barba	ra D. Lat					
4. Sex	5. Color or race	B.(a)Single	e, married, widowed, or divorced	MEDICAL C	ERTIFICATION	- 11
Female	White	Si	ngle	20. DATE OF DEATH. Dec	7 1948	, 2
				21. I CERTIFY that death occurred on the date ab	ove etated: that attended decea	eed from
6.(b) Name of husband					44 10 Dec.	7, 19.48
T. Birth date of		B. (e	e) If alive, give ageyears	and that t last eaw he alive on A	حد.).	. 1/1
deceased (mo., day, yr) Har	4.186	1	Immediate cause of death		DURATION
8. AGE: Yeare	Months	Daye	It tess than one day	Immediate cause of death		
87	9	3	hre min.	Cardio Vascular	Distant	
9. Birthplace	aryland			Due to		
			ntate)			
10 lisual occupation	1	one				
The second second				Due to		***************************************
11. industry or businese		tanho	ch			
12. Name			: Y.H.	Dither conditions		***************************************
and the same of th	Germany			(Include pregnancy within 3	months of death)	
iii 14 Maiden name	Unknov	vn				
14. Maiden name				Major findiogs of operatiana		
	Germany					
16. Informant ILE	.James 1	i. when	tley	PHYSICIAN: Please coderline the cause to v	which doubt should be shoreed	ata tistically
Address 3627	Milford	1 Mill	Road			activities, .
				22. VIOLENCE: If death was due to external ca		
H. Buris	or removal, Which?	Date ther	eof Dec. 9 1948. (month) (dey) (year)	Accident, sulcide, or homicide	Date of	
			eran Cem.	Where did Injury occur?(City or town)	(County)	(State)
Localion	LLOIT CO) e til Q. e				
18 Funeral director	C. Harry	. Veer	b	Meene of Injury	tnjured at work?	
				1 2 m	1 +	
Addrees Dyk	esville,	1	- DEAT I	23. SIGNATURE - C .	allee M. D.	on other
10/2/7/	19.48	h	m. Z. / Warter	1 (2) 1-01-1-		1
(Date/rec'd by/res	ristrar)	g., 4%.	Registra	Address and amount	27 Date signed.	F/1/40

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charlee St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give pesidence of mother)
City or town (If outside city or fown limits, write RURAL and give nearest town)	State A. Ch. A. South Mild County The County
How long in above place of death?	City or iowa (If ontside city nr town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. (If roral, give LOCATION)
How long in hospital or institution?	2.(d) 11 veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
MARGARET	-EDMANN
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
1. W.	20. DATE OF DEATH DEC - 6 19 45 , et 3 4 , M
6.(b) Name of husband or wife.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Sirlh date of	and that I last saw half alive on ARA 5
deceased (mo., day, yr.) Control 19-185	Immediate cause of death DURATION
8. AGE: Yeare Months Bays I less than one day	A The state of the
9/	SPROOG GEOCOS
9. Birthplace (Town, connty, and etate)	Due to
10. Usual occupation. And Allert C	Bue je
11. Industry or business) A
12. Name 13. Birthelace 2 many	Other conditions of Called
	(Include pregnancy within 3 munths of death)
14. Malden name Tracellited Well 15. Birthplace Alexandry	Major findings of operations.
E 15. Birthplace	Bate 01 op
16. Informant	Autopsy results
Address Ill man Wills Margiand	22. V10LENCE: 11 death was due to external causes, fill in the following;
Burial, crematina, nr removal, Which?) Date thereof (mnnth) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory of Land Market Land Company	Where dld injury occur?
Location The Colo Colo Marie Dalle 118	Injured at home, farm, industry, public place (where?)
18. Funeral director I be the black of the beautiful for the beaut	Means of injury Injured at work?
Address siklaseelle Masesland	23, SIGNATURE CG-/Uchsep MW
19. 12 - 7 - 19. 48 Dove & Nichols	Pilesielle 8. md. Die 12-7-49



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2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No.

OBMIII IOA	Reg. Diat. No.	000000
County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For report infants give residence of mother) State Codaty City or town (1f outside city or town limits) write RUBAL and give negrest town) Street No. (1f rural, give LOCATION) 2.(a) If veleran, name war.	
3. (a) FUTL NAME	3. (b) Social Security Number	
4. Sex 5. Color or rate 6.(a) Single, married, widowed or divorced	MEDICAL CERTIFICATION	200
m while chus	2D. DATE DE DEATH DEC. 78 1948 21 93	-a
6.(b) Name of husband or wife.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	-/-
6.(c) If alive, give ageyears	19	
7. Birth date of deceased (mo., day, yr.) Dec. 15-1948	and that I last saw halive on	
8. AGE: Years Months Days It less than one day	Immediate cause of death DURA	ATION
0 / 3hrsmin.	Hydricephalus 130	Laz
9. Birthplace	Due to Coupuils!	
10. Usual occupation.	Due to	
Allen Lucas 12. Name	Dither conditions	
13. Birthplace (?)	(Include pregnancy within 3 months of death)	
14. Maiden name	Major findings of operations	
	Date of op.	
16. Informant Mr. Allen Lucas	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.	
Address 1127 E. Baltimore St.	22. VIOLENCE: If death was due do external causes, fill in the following:	
17. Burial Date thereof Jan. 3. 1949 (Burial, cremation, or removal, Which?) St. Peters Cemetery	Accident, suicide, or homicide	
City	(City or town) (County) (State) Injured at home, farm, Industry, public place (where?)	
Location	Meens of Injury injured at work?	
18. Funeral director. WIEDEFELD & SON Address GREFNMOUNT AVE & 22ND	23. SIGNATURE DOBO BO AVED DO	n
18. (Datefree'd by registrar) 19. A Registrar Registrar	Address Duly Lance VMs. Date signed 14.30	14

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

PLEASE

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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ľ	CERTIFICAT	E OF DEATH Reg. Diat. No. 38
	City or fown. (If odtside city or town limits, write RURAL and give nearest town) How long in above piace of dealh? Hospital, institution, or street address where dealh occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED (1) In newhorn invants give residence of mother) State County
	3. (a) FULL NAME	3. (b) Social Security Number
	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Andle Andowed 6.(b) Name of husband or wife Andle 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day	20. DATE OF DEATH
	9. Birthplace Rown, county, and state) 10. Usual occupation Rown, county and state) 11. Industry or business 12. Name Rown and Rown 13. Birthplace	Due to Due to Dither conditions Servel change with artium the williams.
	14. Maiden name	(Include pregnancy within 3 months of death) Major findings of operations
	Cemetery or crematory LEAN AMERICAN (month) (day) (year) Location	Where did Injury occur? (City or town) (County) (State) Injured al home, farm, Industry, public place (where?) Maana of Injury Address Address Date of (City or town) (County) (State) (Injured al work? M. D. or other Address Date signed 2.7/48

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Diat. No. 30

1. PLACE OF DEATH:	2. USUAI. RESIDENCE (HOME) OF DECEASED: (For propher infants give residence of mother)
County. Baltimore Catonsville 28, Maryland (If outside city or town limits, write RURAL and give nearest town)	State Maryland County Anne Arundel
(If outside city or town limits, write RURAL and give nearest town)	City or town. Deale (if outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 11 yrs., 6 mos., 18 das.	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred: Spring Grove State Hospital	Street No
How long in hospitat or institution?. 11 yrs., 0 mos., 18 das.	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
George Edward Mason	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white married	20. DATE OF DEATH
6.(b) Name of husband or wife Mrs. Florence Mason	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) It alive, give ageyears	August 19, 19 36 10 December 8, 19 48
7. Birth date of	and that I last saw h. im. alive on December 8.,
deceased (mo., day, yr.) March 13, 1871 8 ACF Years Months Days If less than one day	Immediate cause of death DURATION
o, Auc.	Arteriosclerotic heart disease years
	d Due to Arteriosclerosis, generalized "
S. Birthplace Deale, Anne Arundel County, Marylan (Town, county, and state)	Due to. Arterioscierosis, generalized
Waterman	
10. Usuat occupation	Due to
11. Industry or business Laborer	
12. Name Edward Mason	Dther conditions
33. Birthplace Virginia	(Include pregnancy within 3 months of death)
14. Maiden name. May Daugherty 15. Birthplace Maryland	Major findings of operations
15 Buthplace Maryland	Major inequity of Operations
t6. Informant Hospital Records	Autopsy results none
	PHYStCIAN: Please underline the cause to which death should be charged statistically.
Address Catonsville 28, Maryland	22. VtOLENCE: If death was due to external causes, till in the following;
17 (Burial, cremation, or removal, Which?) Date thereot	Accident, suicide, or homtoide
	Where did Injury occur? (City or town) (County) (State)
Cemetery or crematory	
Location	Injured at home, farm, Industry, public place (where?)
18 Funeral director T. A. Hardusty & In	Means of injury Injured at work?
Address Reliable 21d	Isadore Tuerk, M.D.
7/5 1/	23. SIGNATURE
19. (Date rec'd by registrar) 19. (Date rec'd by registrar) Registrar	Catonsville-28, Md. 12-9-48

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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12234 Diet. No.

Reg.	Dist.	No.

CERTIFICATE OF DEATH

						_		
1. PLACE OF DEA					2. USUAL RESIDENCE (HOME) OF DECEASED: (For rewborn infants give residence of mother)			
County Baltimore City or town Fort Howard (If outside city or town limits, write RURAL and give nearest town)					State Maryland County			
How long in above place	ot death?53d	ays	**************************************		City or town Baltimore. (If outside city or town limits, write RURAL and give nearest town)			
Hospital, institution, or street address where death occurred: Vet. Adm. Hospital, Ft. Howard, Md. How tong in hospital or Institution? 53 days					Street No. 642 West Fayette Street			
					(If rurni, give LOCATION) 2.(a) th veleran, name war	/		
3. (a) FULL NAME								
3. (a) FULL NAME					3. (b) Social Security Number			
	5. Coint or race		MATHENA married, widowed, or divorced		217-17-1838			
4. Sex	5. Color of race				MEDICAL CERTIFICATION			
TALE	WHITE	1 1	ARRIED		20. DATE OF DEATH December 24 19.48 , at 12:35	Aı		
6.(b) Name of husband	wile Mrs. V	irginia	Mathena		21. I CERTIFY that death occurred on the date above slated; that I altended doceased from			
			c) It alive, give age 25		November 1, 19 48 to December 24 19 45			
7. Birth date of			The street all the age	1 1	and that I last saw h im alive on December 24 10.4	3		
8. AGE: Years	Months	Days	1 11 less than one day		Immediate cause of death CARCINOMA OF STOMACH DURATION	1		
51	1	26	hrs.	11 *	WITH METASTASES 4 mos.			
9. Birlhplace Prin	ceton, We	st Vir	rinia		Due 10			
10. Usuat occupation								
	4	***************************************	***************************************		Due 10			
11. Industry or business	and a Math				No. we			
					Other conditions None	• • • • • • •		
the comment of the co	st Virgin				(Include pregnancy within 3 months of death)			
王 14. Maiden name	Laura Bol				Major findings of operations			
14. Maiden name 15. Birlhptace	West Virg	inia			Gale of on.			
16. Informant .Glir		1	ets. Adm. Hosp		Antopsy results Substantiated above PHYSICIAN: Please underline the cause to which death should be charged statistically.			
	Howard,	Varylar	nd		22. VIOLENCE: It death was due to external causes, fill in the following:			
17. (Burial, cremation,	Removal	Date the	(month) (day) (yes		Accident, suicide, or homicide			
			(month) (day) (yes		Where did injury occur? (City or town) (County) (State)			
Cemetery or cremator		FRED	ERICKINGYSEA					
LocationP. F. J.	VE TON.	U.VA	FUNERAL-HO	11	tnjured at home, tarm, Industry, public place (where?)			
18. Funeral director	oward H.	Bligh	1		Means of Injury Injured at work?			
Address 600	Harton	1 Roa	2	1	Charleshaurm			
	113	- 0	2 11. /	1	23. SIGNATURE CHARLES SHAW, M. D. M. D. or other			
(Date ree'd by ree	7 19 T	٠ ٧	Do Re	egistrar	Address VAH, Fort Howard, Md. Dale signed			

ea St., Baltimore E OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

Reisterstown

Baltimore

}			2411 N. Charle
			CERTIFICAT
How long In above place Hospital, Institution, or	more sterstown utside city or town liv of death?	nits, write R 5 yrs leath occurred	
			······································
B. (a) FULL NAM	Ed	gar W	. Meese
I, Sex	5. Color or race	6.(a)Single	, married, widowed, or divorced
Male	White	Wie	dowed
6.(b) Name of husband	or wite Clar	a Arn	old
7. Birth date ot deceased (mo., day,)	Tob	13,18	e) It allve, give ageyears
8. AGE: Years	Months	Days	tt less than one day
68	10	13	hrs min.
1D. Usual occupation 11. Industry or busines 12. Hame	Manager cob Mees Penna. Anna Sa	of Th	eatre
	Penna.	hl	
	istersto		
Burial (Burle), cremation	, or removal, Which?	Date there	Dec a 29 1948 (month) (day) (year)
Location		wn, Md	Ims
19. 12 - 25	7. 10 48		lang B. E. Line. Registrar

	3. (b) Social Secur 097-16-	
A	DICAL CERTIFICATION	8 at 10 A.
2-1-46	d on the date above stated; that I attended 19	26-4819
		DURATION 2 June
Due to		
	riocelercie	3-42
(Include pregr		
Autopsy results PHYSICIAN: Please uoderfine	the cause to which death should be char	ged statistically.
The second secon	ue to external causes, till in the tollowing: Date of (City or town) (County)	(State)
Injured at home, tarm, Industry,	public place (where?)tniured at work?	



Street Light Holland

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1 4						
1 /				-	1	
				-5	/_	_
	Reg.	Diat.	No		_	

1. PLACE OF DEATH: Balto. County			. USUAL RESIDENCE (HOM (For newborn infants give reside Md.	nce of mother)	ltimore
		e nearest town)	City or town. City or town. (If outside city or town limits, write RURAL and give nearest town) Mt. Vernon Ave.		
	***************************************		(If rural, give LOCATION) 2.(a) If veleran, name war		
How long in hospital or institution?		2.	(C) II veleran, name war		ecurity Number
5. (a) FULL NAME	SUSAN A	. MERRICK		3. (0) Sectal S	none
4. Sex 5. Color or race female white	6.(a)Single, married, widowe		MEDICA De	L CERTIFICATION 30,	
8.(b) Name of husband or wife Robert H. Merrick 6.(c) If allive, give age years 7. Birth date of		ick 21	1. I CERTIFY that death ocquired on the d	late above stated; that I atte	nded deceased from
deceased (mo., day, yr.)	Dec. 2, 1866	I.	nmediate cause of death		
8. AGE: Years Months	0ays If less than o		1 arterio Sa	lewis	
9. Birthpiace	ne .		se to. Serility		
12. Name John S.	lining		her conditions		
Barbara ? 14. Malden name		М.	(Include pregnancy wi		
			***************************************	Date of	op
		kesville 8 Pi	utopsy results	e to which death should be	charged statistically.
	Date thereof (month) Oruid Ridge Cem.	(3/49 h) (day) (year) Ac	2. VIOLENCE: If death was due to extended ccident, suicide, or homicide there did Injury occur?(City or	Dale	of
Localion Pikesville, Md.		ln.	njured at home, farm, industry, public p	iace (where?)	***************************************
	. TICKNER & SONS	11	leans of Injury	injured at v	vork?
	. ,			A	

PLAINLY, WIFH UNFADING INK. Supply every item of information carefully. The consecutive is especially important. Physicians: please write the causes of death clearly and legibly. RESERVED FOR BINDING MARGIN

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CEDTIFICATE OF DEATH

	TE OF DEATH	Reg. Dist. No	38
1. PLACE OF DEATH: Balling (City or town limits, write RURAL and give nearest town) How long in above place of death? Hospilal, inslitution, or street address where death occurred: GOETZE AVENGE How long in hospital or institution?	City or town	PF DECEASED: mother) m	L) reat town)
	lerryman	3. (b) Social Security 1	Number
Female White Moon with the first seried, wildowed, or divorced		ERTIFICATION 1948	110:15
5.(b) Name of husband or with Solid E. Merryman 5.(c) It alive, give age year deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 8. AGE: min Months Days If less than one day	and that I last say he alive on Limbediate cause of death	failure 3	3 201
9. Birthplace Baltouriore D. Md. (Town, county, and stote) 10. Usual occupation Housewife 11. Industry or business At Home	Oue to. DELLES DE	lount	
12. Name Williams N. Lee 13. Birthplace Md.	Other conditional Le Link (Include pregnoncy within 3	months of death)	ی
14. Malden name # 1/2 a beth Coale 15. Birthplace Md. 16. Informant Mrs. Wheatley	Major findings of operations	Date of op	eta tistically.
Address JAYACSVIK, Md. 17. Burial, cremation, or removel. Which?) Cemetery or crematory PtopleCt Hill Cemetery	22. VIOLENCE: If death was due to external ca Accident, suicide, or homicide	uses, flit in the following:	
18. Funeral director. John Bussie Some Address Jouosn, Md.	Means of Injury 23. SIGNATURE ALL LILLE C	Injured at work?	Sur
19. Les 7 19 48 aw. Aller Registra	C M 11 Parules	M. D. o	or other

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

•	Reg. Dist. No.
County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For two or infants give residence of mother) State County City or town (If outside city or town limits, write RURAL and give negreat town) Street No. (If rural, give LOCATION) 2.(a) if veteran, name war. 3. (b) Social Security Number
JOSE > 7 / KELBITIS 4. Sex 5. Color or vice / 6.(a) Single/married, widowed, or divorced M. Married	MEDICAL CERTIFICATION 2D. DATE DF DEATH December 9 19.45 215:10 A.M.
6.(b) Name of heeband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 7. 18.4.8., 10. December 9. 19.4.8. and that I last saw home alive on December 9. 19.4.8. Immediate cause of death. DURATION Country Original Sanddan
9. Birthplace	Due to
14. Malden name MAGDALENE MAJAUDUS 15. Birthplace LiThUANIA 16. Informant CARISTINA MIKELAITIS Address / 3 / 9 MOLLINS ST.	Major findings of operations. Date of op. Antopy results PHYSICIAN: Please underlied the canal to which death should be charged statistically.
17. (Burial, cremation of company). When?) Cemetery or crematory. Location. 18. Funeral director. Classic W. Sacharesics. Address 70 3 Mc Neuroff. Balts May	Accident, suicide, or homicide
19. Oct. 1 th 9th 18 yet. Heltcelich	Address / Mallow Will are Bate signed 12/ 0/4/

2411 N. Charles St., Baltimore

CEDTICICATE OF DEATH

		1/2
Reg.	Dist.	No. 40

CERTIFICA	Reg. Diat. No.
County	2. USUAL PESIDENCE (HOME) OF DECEASED: (For new) orn infants give residence of mother) State
How long in hospital or institution?	2.(a) If veteran, name war.
	3. (b) Social Security Number 219=106738
4. Segue 5. Color or race 6.(a) Single, married, widgwed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH 20. DATE OF DEATH 20. DATE OF DEATH 20. DATE OF DEATH
6.(6) Name of husband or wife ROSE LORETTA DOYLE	21. I CERTIFY trait teath occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) fact 4-1894	and that I last saw halive on
8. AGE: Years Months Days If less than one dayhrs	Frank Hyslidue To adden
9. Birthplace	Due to
10. Usual occupation	Oue to
12. Name Pull 13. Birmplace Pull 1	Other conditions
14. Malden name. Ame Canslo 15. Birthplace M. Canslo M. Canslo	(Include pregnancy within 3 months of death) Major findings of operations
El 15. Birthplace	Date of op.
16, Informant Mm. J. Hall Military	Autopsy results
And o med,	PHYS1CIAN: Please underline the cause to which death should he charged statistically.
Address 17. Buriel exemption or removal Which? (Muriel exemption or removal Which?) (Muriel exemption or removal Which?)	22. VIOLENCE: If death was due to external causes, fill in the following: Dec 12 194
(Burial, cremation, or removal. Which?) (month) (day) (year) Cemetery or crematory	Where did injury occur? (City or town) (County) (State)
Location Clause E. author	Means of Injury Cuts Current of the Control of the Control of the Cuts Cuts Cuts Cuts Cuts Cuts Cuts Cuts
Address Fork Whi	23 SIGNATURE Polling. Hudson M.D. M.E.
19. Onte rec'd by registrar) 19. (Date rec'd by registrar) Registrar Registrar	M. D. or other

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and

PLEASE

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BUREAU V. S.

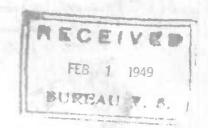
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2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

	Reg. Dist. No.
1. PLACE OF DESTIN	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	Sigle Md. County Balto-
(If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospilal, institution, or street address where death occurred:	Siret No. 120 E. Chesa peake Ave.
	(If rurat, give LOCATION)
How long In hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME (hary C,	3. (b) Social Security Number
4. Sex 5. Color or race 6.(2) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female Negro Widow	20. DATE OF DEATH Security 30 19 48 31 112 7.
6.(b) Name of husband or wife George Morgan	21. I CERTIFY that death occurred on the date above stated; that f attended deceased from
	19
7. Birth date of	and that t last saw halive on
deceased (mo., day, yr.) 8 A.C.F. Years Months Days It less than one day	Immediate cause of death
o. Auc.	Chronic myrestitis, deconfended Entlin
Over 65 - mi	In.
9. Birihpiace (Town, county, and state)	Due to Properties une.
10. Usual occupation Gamera Housework	
	Due to Municipalities Unifer
11. Industry or business	
12. Name UuKnown 13. Birthplace	Dither conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Un Known	
14. Maiden name	Major findings of operations
16. Interman Balto. Co. Welfare Bd. Records	Antapsy results
	PHYSICIAN: Please nuderline the cause to which death should be charged statistically.
Address Towson, Md.	22. VIOLENCE: If death was due to external causes, till in the following:
17. Burial, cremation, or removal, Which?) Date thereof Dec. 31, 1948 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Pleasant Rest Cemetery	Where did injury occur? (City or town) (County) (State)
Location Towsou, Md.	Injured at home farm, industry, public place (where?)
1 1 Bures Anna	Means of Injury Injuged af work?
18. Funeral director	
Address / Towson, Med.	- 23. SIGNATURE / ACMY G-/WW. MX DMZ
10 Jan 1, 10 49 W. Carroll Van Hon	M. D. or other
Mate rec'd by registrar) Quanta Local Registr.	ar Address T Musch Date signed 7 30 148

A RESPONDED TO



BALTIMORE THE HEALTH DEPARTMENT

Registered No.

CERTIFICAT	E OF DEATH 91 12241	U
1. PLACE OF DEATH: (a) Baltimore City, Maryland - Luther ville (b) Street address	(a) State (b) County Balting (c) City or town Revel Lutlewille (If outside city or town limits, write RURAL and give a country (If rural the location) (e) Citizen of foreign country (Yes	
3 (a) FULL NAME Charlotte Rogers A 3 (b) If veteran, name war 3 (c) Social Security Account No.	MEDICAL CERTIFICATION 20. DATE OF DEATH 200 1906, at	M
4. Sex Sex S. Color or race 6 (a) Single, married, widowed, or divorced. Willowed 6 (b) Name of husband or wife Willed P. Musikard	21. I certify that death occurred on the date above stated; that ed deceased from 1926, to 2800 and that I last saw in Codive on 1946	1946
6 (c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) 7/7//860 8. AGE: Years Months Days If less than one day		uration
9. Birthplace Balling (Town, county, and state) 10. Usual Occupation Housing 11. Industry or business	Due to	
12. Name Edmund Law Pagers 13. Birthplace Baltinore Md. 14. Maiden Name Charlette Matilla Leeds Plate 15. Birthplace Waverly " Easton Md.	Date of operation: Major findings of operation: Und cause death	YSICIAN derline the to which should be ged statis-
16 (a) Informant. Edmond L.R. Smith (b) Address Lother ille Md 17 (a) County (b) Date thereof 12-3-48 (Burial, cremation, or removal) (month) (day) (year) (c) Cemetery or crematory Recommend	22. If death was due to external causes, fill in the following (a) Accident, suicide, or homicide. (b) Date of occurrence	g: M (State)
Location Ballings Hd 18 (a) Funeral director Henry W. Jankins & Sang. (b) Address A-QOS 102 KD. 19 (a) Alec 3, 1948 (b) Q. W. Dedreck (Date rec'd by registrar) Registrar	place? (Specify type of place) (e) Means of injury (Specify type of place) 23. Signature (Specify type of place) Address 17. Furth Art. Date signed 24.	M De 14

PLEASE WRITE PLAINLY, WITH correct age is especially important.

BINDING

RESERVED FOR

MARGIN

VS 150

BALTIMORE CITY HEALTH DEPARTMENT				
CERTIFICATE OF DEATH 93				
	12249			
The Country of	2. USUAL RESIDENCE OF DECEASED:			
11 10	(a) State Md (b) Count Backing			
15 t Vorth Clan X	(a) State (b) Count (a)			
	(c) City or town Cally ville			
Manne	(If outside city or town limit, wente RURAL	and sire joys)		
ng	(d) Street No. 530) Old Fredh	V/d		
(frs., mos., or days)	(e) Citizen of foreign country?	(Ves or No)		
mos., or days)	If yes, name country	(1 cs 01 110)		
	If yes, hame country			
my 6 Muth	2	A VIND		
Social Security Account	MEDICAL CERTIFICATION	241-9-24		
No.	20. DATE OF DEATH Use 25/48 19	at 114 M		
) Single, married, widowed or	21. I certify that death occurred on the date above stated	that lattend		
orced Nettered	ed deceased from NOV 19 1948, to Alex	. / > / / /		
rdenand &	and that I last saw h. alive on Alice 25 19	11/		
e) If alive, give age years	Immediate cause of death	Duration		
yr.) 3-1)-1882	myocarditis	about		
If less than one day	Α			
hr. min.	Due to advanced arline stleress	٩		
0 0	1:-	about		
n, county, and state)	Due to Urthrul	10425.		

15. Birthplace 16 (a) Informa

(b) Address (c) Cemetery or cremetory Location.

18 (a) Funeral director

Registrar

Other Conditions

(Include pregnancy within 3 months of death) Date of operation Major findings of operation:

Underline the death should be charged statis-

PHYSICIAN

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide.....

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County)

(d) Did injury occur about home, on larm, industrial place, in public . While at work? place?. (Specify type of place)

(e) Means of injury

23. Signature Addres

Date signed

VS 150

1. PLACE OF DEATH: (a) Baltimore City Maryland

3 (a) FULL NAME

8. AGE:

9. Birthplace

(c) Hospital or histitution

3 b If veteran, name war

6 (b) Name of husband or wife

Years

10. Usual Occupation

12. Name.

13. Birthplace

14. Maiden Nan

11. Industry or business

7. Birth date of deceased (mo., day,

(d) Length of stay in hospital or inst (e) Length of stay in Baltimore (yrs.

5. Color or race

Months

div

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

2 HEHAL DECIDENCE (HOME) OF DECEASED

County Balto City or town (If outside city or town limits, write RURAL and give nearest town)	(For prowhorn infants give residence of mother) State County County
How long in above place of death? Ho spital, institution , or street address where death occurred: OT Inaple 2 Rd	City or town
How long in hospital or institution?	2.(a) 11 veteran, name war
3. (a) FULL NAME Grace E. MyERS	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)6ingla, married, widowad, or differed	MEDICAL CERTIFICATION
Famala White Married	20. DATE OF DEATH 22 15 1948 at 2 7 18 18
6.(b) Name of hueband of marchia S. May 220 Srx	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
7. Birth date of deceased (mo. day, yr.) F26 28 7 18 8 8	and that I last saw h. S. alive on Ides 15
deceased (mo., day, yr.) 2 2 2 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	Immediate cause of death spoplers 5 day
65 9 17hremin.	
9. Birthplace	Oue to Hypertension years
10. Veusi occupation (Balts. Md)	
11. Industry or buelness at Home	Oue 1g
12 Name MElson Thomas	Dither conditions
13. Birthplace Un Known	(include pregnancy within 3 months of death)
14. Maiden name Lina Stans	
15. Birthplace Balto. Md.	Major fieldings of aperatians
16. Informant Louis S. Myana Va	Autopsy results
Addres Reva a. a. Co. Ma.	22. VIOLENCE: 11 death was due to external causes, fill in the following:
17. (Burial, ceamation, or semoral, Which?) Date thereof. (month) (day) (year)	Accident, eulcide, or homicide
Cemetery or cromatory Glan Haven	Where did Injury occur?
Glanburnie 4. a. C. Md	Injured at home, farm, Induetry, public place (where?)
Walliam Cook Duc	Meane of Injury Injured at work?
18. Funeral director	9
Address 12 19 19 19 19 19 19 19 19 19 19 19 19 19	23. SIGNATURE Maxwell & Mund
(Date ree'd by registrar) (Bate ree'd by registrar)	Address 417/2 Eastern are Date elgned 2-16-48

2411 N. Charles St., Baltimore

CERTIFICA	IE OF DEATH 1200 Reg. Dist. No. 33
1. PLACE OF DEATH County City or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) State
A Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	3. (b) Social Security Number
m w Suigle	20. DATE OF DEATH Secessber 17 1948 21 86
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I aftended deceased from 19.4 8 to Certification / 7 19.4 and that I last saw hair alive on Certification / D 19.4 Immediate cause of death DURATION
8. AGE: Years Months Days if less than one day 62 9 13hrsmln.	Due to Chonin Trypendetes:
10. Usual occupation. Lewer and atate) 11. Industry or business	Due 10.
12. Name North Nacce	Other conditions
14. Maiden name Surech 14 Meus 15. Birthplace Nud	Major findings of operations.
Address Revaluation mig	Antopsy results. PHYSICTAN: Please underline the cause to which death should be charged statistically.
(Burial, cremation, or removal. Which?) Date thereof. (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Location Restriction Bulbes New	Where did Injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?)
18. Funeral director. Edeology files. Address Address Aud	Means of Injury Injured at work? 23. SIGNATURE TOUR END END IN SECOND IN SE
19. 12-15-1948 Mary B Fline Registrar	Address Hamfelland med Bate signed 12-17-2

FOR BINDING MARGIN RESERVED



PLEASE WRITE PLAINLY, 15 especially

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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Par Diet No. 4

CERTIFICATE OF DEATH

City or town(If	Arbutus outside city or town is of death? street address where	death occurred		2. USUAL RESIDENCE (HOME) OF DECEASED: (For pewborn infants give residence of mother) State	
		JACKSO	ON J. NEWLIN	705-09-1229	
4 Sex	5. Color or race	6.(a)Singl	e, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male	White	1	Married	2D. DATE OF DEATH. Dec.4,1948 19	00 PI
6.(ò) Name of husband 7. Birth date of deceased (mo., day,	9.	6. (c) It alive, give ageyears	21. I CERTIFY that death occurred on the date above stated: thet I attended deceased from	
8. AGE: Years		Days	It less than one day	Immediate cause of death DU	RATION
	70 0	10	hrs	Dodina ()	80 *** *** ***
10. Usual occupation	Blueprin	ter R.	Colo	Due to	
12. Name	Unknown	n			
14. Malden name.	Unknow	1		(Include pregnancy within 3 months of death)	
15 Birthplace	Unknown	a		Major findings of operations	
16. Informant	Oea B. New 4602 Leeds			Antopsy results. PHYSICIAN: Please underline the couse to which death should be charged statistical	
17 Buria (Burial, cremation	or removat. Which? Wood	Date then	12/7/48 (month) (dny) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide	••••
				Moens of Injury Injury Injury	
18 Funeral director			Inc.	mount of injury	
19	1217 4 19 .4.8 gistrar)		1.w. Dieduch	23. SIGNATURE JAMES De Calquie M. D. or other Address 77/ Nederland State Signed 77/10	148

PLEASE

VS A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

	No. 12315
Reg. Dist.	No. 2

	Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME &	3. (b) Social Security Number
Eugene L. News	ou -
Male White Harried Widowed, or Hyorced Whate Warried	MEDICAL CERTIFICATION 2D. DATE OF DEATH DECEMBER 18 18 48 at 2 P. N
6.(b) Name of husband or wif Maude Roberto Yeule	21. I CERTIFY that death occurred on the date above stated; that Jettended deceased from March 23 19.37, to 22.68 19.48
7. Birth date of deceased (mo., day, yr.)	and that I last saw been alive on Dee 3 1948
8. AGE: Years Months 7 Days If less than one day 73 7 20hrs. min.	Immediate cause of death Dugarion DURATION 6 475
9. Birthplace Maryland 10. Usual occupation Retired Florish	Due to advanced asterioschessis 5 yrs.
10. Usual occupation (elicies) Florish 11. Industry or business Plorish	Due to Pagets Disease of Bone 22 yrs
12. Name Com. Margan Newton	Diher conditions
14. Malden name Ricey Roberts Lelands 15. Birthplace	(Include pregnancy within 3 months of death) Major findings of operations.
man manda A Manda	Date of op.
Address 7/07 Windson Mill Rd	Autopsy results
(Burial, cremation, or removal, Which?) Date thereof 12-21-48 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Cemetery or crematory Woodlawn being	Where did injury occur?
Location Woodlawa md	Injured at home, farm, Industry, public place (where?)
16. Funoral director Teo. C. Beyer Jr	Means of Injury Injured at work?
Address 1512 Holling of	23. SIGNATURE Joshus Villemacost M.D.
19. Describe 21 48 a.W. Hessel	12/18/

PLEASE.

correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1 2 USUAL RESIDENCE (HOME) OF DECEASED.

12247

Reg. Dist. No. 3/

County Baltimore	(For newborn infants give residence of mother)
City or town	State Maryland County Baltimore City or town Daniels (If outside city or town limits, write RURAL and give nearest town) Strest No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If vsissan, name war
3.(a) FULL NAME Annie Lee Oates	3. (b) Social Security Number
4, Ssz 5. Celor er race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
W F Widow	20. DATE OF DEATH December 4 19 48 at 7.45 Pm
6.(6) Name of husband or wife Jean D Oates 6.(c) If alive, give ags years 7. Birth date of Oates	21. I CERTIFY that death occurred on the date above stated: that I eltended deceased from 19/4/2, 10 49 and that I last saw here alive on 19/4/2, 10 10 10 10 10 10 10 10 10 10 10 10 10
decessed (mo., day, yr.) September 22 1878 8. AGE: Years Months Days If less than one day	Immediate cause of death
70 2 12hrsmin.	Cardio Vascular Disease
9. Birthplace	Due to
13. Birthpiacs	
14. Malden name 60 15. Birthplace 12	(Include pregnancy within 3 months of death) Major findings of operations
16. Informant Mrs. Gertrude Anderson Address Daniels Md	Autopsy results
17. Burial Date thereof (2-7-48) (Burial, eremation, or removal. Which?) (month) (day) (year) Cemetery or eramatory. Good Shepherd	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
tocation Ellicott City Md	Injured at home, farm, Industry, public place (where?)
18. Funeral director F.C. Higinbothom Address Ellicott City Md	Means of injury Injured at work?
19. 12/5 (Daté ree'd by registrar) 18 48 W. G. Martin Registrar	23. STONATION E. M. D. or other Adoless and allation Date signed 2/2/48

mind the reason the follows from the Sale

AND AREA TO SELECT AND ADDRESS OF TAXABLE PARTY.

mercular transformers at the other transformers.

100 Status Riversia

mental fundamentalization in a B community interpretation of interpretation of the comments of

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DEC 20 1948

BUREAU T. S.

DEC 7 1948

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9-45-1

VS A15

barrect age PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The Existence is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore

CERTIFICATE OF DEATH

			THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO I		
1. PLACE OF DEATH County Baltimo				2. USUAL RESIDENCE (HOME) OF	DECEASED:
				state Maryland Cour	sty
			URAL and give nearest town)	City or toon Baltimore (if outside city or town limits,	
How long in above place of de Hospital, institution, or stree	ath?	eath occurred	S		
V. A. H., I				Street No. 2/10 S. Calhoun.	Street.
How long in hospital or insti	tuilon?	3 day	S	2.(a) if veleran, name war	V.
3. (a) FULL NAME					3. (b) Social Security Number
MAX THOMAS	OGDEN				217-09-9790
	Color or race		, married, widowed, or divorced	MEDICAL CE	RTIFICATION
Male V	White	Mar	ried (separated)	20. DATE OF DEATH December 3	19 48 at 1:00P
6.(b) Name of husband or wi	Mrs. H	Idna 0	gden 27	21.1 CERTIFY that death occurred on the date above October 21 19.	re stated; that I attended deceased from 4 48, to December 31948
7. Birth date of	0 00 7	6.(e) If alive, give age 27 year	and that I last saw h .im alive on Dece	ember 3 1948
deceased (mo., day, yr.)	8-29-1'	Days	If jess than one day	Immediate cause of death	
8. AGE: Years 31	3),	hrs. min	CHRONIC MEPHRITIS	Unknown
s. Birthplace Balt		-	d.	Due to Unknown	
10. Usual occupation				Due to	
11. Industry or business	na Oadan			Other conditions None	
12. NameThomas 13. SirthplaceBalt:					
				(Include pregnancy within 3 m	
14. Maiden nameG.	altimore	Marri Marri	lam	Major findings of operations	
21 15. Wirthplace	-1 DIMITOTO	Mor A	at Adm Wash	Aotopsy results Substantiated	
16. Informant	callrecol	X.	S.H.aZLAIII.AIIOS.D.a	PHYSICIAN: Please noderline the cases to whi	ich death should he charged statistically.
Address Fort I				VIOLENCE: If death was due to external caus	ses, fill in the following;
17. Burial	emoval, Which?)	Date ther	(month) (day) (year)	Accident, suicide, or homicide	
			onal Cemetery	Where did injusy occur?(City or town)	(County) (State)
Incation	Baltimore	. Mar	yland		
			a		Injured at work?
			Baltimore, Md.	9	alima
1.	19 4	5	2. W / Helre	23. SIGNATURE	M. D. or other
(Date red d by registra	r)		Registra	Address VAH FORT HOWARD	Date signed 12-3-48

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF STILLBIRTH

Rog	Diet	No
Treg.	DIST.	TAO

12250

1	A certificate must be filed within 24 hours for ever	ry su	ll birth of 20 weeks' gestation or more (see stub)
(0	County		USUAL RESIDENCE OF MOTHER: State County City or town (If outside city or town limits, write RURAL and give nearest town) Street No
5. 8.	Name of child Sex. 6. Twin or triplet. FATHER OF CHILD Full name. 10. Agg at time of this birth. 7 yrs.	12.	Date of birth 12-4 1978 Hour 5.00 Am. No. of weeks pregnancy 32 MOTHER OF CHILD Full maiden name 1100 3milts
11.	Other children born to mother (not including present child)	15. : (a)	Color 14. Age at time of this birth 3 yrs. Usual occupation How many children of this mother are now living? (c) How many other children were born dead?
18.	Did child die before labor? M. During labor? During labor.	21.	Cause of stillbirth. Please be specific. For terms like prematurity, asphyxia, etc., try to add cause thereof. (a) Fetal causes (b) Maternal causes I certify to the birth of this child who was born dead* on the date and hour above stated.
24.	During operation? (a) 3/R/A/ (b) Date thereof /2-6-4/ (Burial, cremation or removal) (c) Cemetery or crematory M. (month) (day) (year) (a) Funeral director (b) Address (b) Address (c) Cemta (d)	/	(Specify if M. D., midwife,or other) Address (a) 12-6-48 (b) (Registrar) (To be filled out if no physician was present at delivery.) The above certificate has been examined by me. Health Officer, per

M. D. September Date signed / 2 -11-18

Г]	E OF	DEATH	100	Reg. I	Dist. No	18
	(For	L RESIDENCE (newborn infants g (If outside ci	Country on town limits.	nother) ny <i>Sal</i>	-	Cig
	Street No.	eran, name war	(If rurs), give	LOCATION)		V
11	2.(a) 11 vet	eran, name war	••••••	***************************************		
P	zul ibtr (leszczuk		213-	ial Security	
1		M	EDICAL CE	RTIFICA	TION	
	20. DATE OF	DEATHOLCE	wher	11	1965	1 4 75 P
	Je	FY that death occurr G 3/ ast saw h. h	194	7 10	Confee	sed from
		cause of death				DURATION
		lmen			lases	Sur
	Due to		*******			01947
-				*****		
	Other condi	lions				
		(Include pres	maney within 3 m	onths of desth	1)	
	Major findi	ngs of operations		Dat	e of op	
	Antopsy re	sults N: Please underline			******************	statistically.
1	22. VIOLE	NCE: If death was	due to external caus	ses, fill in the f	ollowing:	
	Accident, s	ulcide, or homicide			Date of	************************
		injury occur?		(Co		(State)
	Injured at h	ome, farm, Industry	, public place (wh			
	Meens of In	jury	1500	Injure	d at work?	
1		/				

12252

2411 N. Charles St., Baltimore

information carefully. The correct age of death clearly and legibly.

WITH UNFADING INK. Supply every item of i important. Physicians: please write the causes

WRITE PLAINLY,

SE

MARGIN RESERVED FOR BINDING

CEPTIFICATE OF DEATH

	•	,	CERTIFICA	IE OF DEF	AIN	Reg. Diat. No	56
1. PLACE OF DE	ATH:	-			ENCE (HOME) 0		
County		Vall		State Md.	Cou	mty Baltimor	е
City or town(If	outside city or town lin	nits, write I	CV RURAL and give nearest town)			Valley	
Hospital, Institution, o	r street address where d	eain occurre	a:	Street NoRai	1road Ave	LOCATIONS	••••
				2 (2) 14 votovos 2000	e war		
	r Institution?		······································	. 2.(d) II veteran, name	E #4[***
3. (a) FULL NAM	RAI	NSON	OLIVER			3. (b) Social Security 214-01-29	
4. Sex	5. Color or race	6.(a)Sing	ie, married, widowed, or divorced	11	MEDICAL CI	ERTIFICATION	
Male	Colored	Si	nglé	2D. DATE OF DEATH	December 8	3 1948	8:10P
				12-8-	- 4019.	ove stated; that I attended dece	4819
7. Birth date of			(c) If alive, give ageyea	and that I last saw h	im alive on not	t seen alive	19
deceased (mo., day,				Immediate cause of	death		DURATION
8. AGE: Year		Days	If less than one day	Arterio	sclerotic (C-V. Disease	2 yrs.
61	3	23	hrsmir	<u>. </u>			est.
a Rirthnlace	eorgia		otate)	Due to	•••••		***************************************
1B. Usual occupation	Labore	3.T	••••••	Due to	***************************************		
11. Industry or busine	ss				***************************************	***************************************	
12. Name	Archer 01	iver		Bther conditions		************************************	
13. Birthplace	Geor	rgia			clude pregnancy within 3 :	***************************************	
Maldan and	Ilnknow		······································	11			
14. Malden name	Georg						
≥1 15. Birthplace	agorb					Date of op	
16. Informant Mr.	. Zack 01	iver		Actopsy results	noderline the cause to w	hich death should be charged	statistically.
Address Gr	eenspring	Val.	Lev , Balto.Co.		leath was due to external cau		
17 Burio	1	Date the	reof 12-12-48 (month) (day) (year)	22. VIULENCE: II 0		Date of	
	n, or removat, Which?)						
Cemetery or crema	tory Mt. Cal	very	Cem.			(County)	
LocationAn	ne Arunde	1 Co.	Md.,/	Injured at home, farm	n, Industry, public place (w	here?)	••••
			. Hemsley	Mesos of Injury		Injured at work?	
	78 W. Bid		- / - 4/ 4	23. SIGNATURE	D, D Ca	ples, M. D. M. D.	nd Exam
19 December 19 Dec	bed, 019 48		R. W. Hedue	Address Reist	erstown, M	Id. Date signed.	12-9-148

PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charfes St., Baltimore

12253

			CERTIFICAT	TE OF DEATH Reg. Diat. No	<u> </u>
City or town(If or the work long in above place the spital, institution, or	Balt: Catons: itside city or town of dealh? Litereet address where ing .Grove Institution?!	ville yrs., dealh occurred State yrs., 6	Hospital mos., 7 days.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County City or town Baltimore (If outside city or town limits, write RURAL and give no Street No. 600 W. Lexington Street (If rurel, give LOCATION) 2.(a) If veleran, name war.	learest town)
4. Sex	5. Color or race		e, married, widowed, or divorced	MEDICAL CERTIFICATION	
male	white		widowed	20, DATE OF DEATH December 8 19 48	3at .10:10.pu
6.(b) Name of hueband				21. I CERTIFY that death occurred on the date above etated; that I aftended do May 31	ceaeed from
7. Birth date of			c) If alive, give ageyears	and that f last eaw h.imalive onDecember8	
deceased (mo., day, your 8. AGE: Years	.) May O	, 1874	I If lese than one day	Immediate cause of death	10.
74	7	2		Terminal pneumonia	
9. BirthplaceB		Maryla	ndstate)	Due to Gangrene left great toe	10 .
t1. Industry or business	Buildi	ng		Due to	
12. NameCI	narles Pe	as		Dither conditions Generalized arterioscleros	sis indef.
				(Include pregnancy within 3 months of desth)	
—	-			Major findings of operations.	
2 15. Birthplace					
1B. Informanf HC	ospital re	ecords		Autopsy results	ed statistically.
17 Burnel, eremation,		Date the	eof (month) (day) (yesr)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide	
Cemelery or cremator	-			Where did Injury occur? (City or town) (County)	(State)
Location 43				Injured at home, farm, Industry, public place (where?) Means of injury Injured at work?	.,,,
18. Funeral director	10 hm	4 6	-ovan y Son	Bush Just N.D.	
Address	701-1	03	Holling	Tsadore Tuerk, MaDa	
19. Dec.	// 19 4	-8 6	2. W. Schrick	23. SIGNATURE M. I Address Catonsville-28, Md. Dale signe	

(If outside city or town limits, write RURAL and give nearest town)

Baltimore

1. PLACE OF I	timana		2. USUAL RESIDENCE ((HOME) OF DECE
Tosar	eon		Md Md	
		imits, write RURAL and give nearest town	City of town Towson	
How long in above pl	ace of death? or street address where	death accurred		
		d	Street No. Falls R	OAG (If rural, give LOCAT)
How tong in hospita	l or institution?			
3. (a) FULL NA	ME			3.(6
		CHARLES E. POWELL		
4 Sex	5. Color or race	6.(a)Single, married, widowed, or divorced		EDICAL CERTIF
Male	White	Married	20, DATE OF DEATH Dece	mber 13.1948
	and or wife. Blanc	the Alban	20. DATE OF DEATH	
			11-/3	1948
7. Birth date of	0-1		and that I last saw h	live on / 2 -
8. AGE: You	pars Months	ober 10,1889 Bays triess than one day	Impoliate cause of death	
O. AUE:	para months	Days (11 1000 than one as)	11.11.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	ALBIAKAAAAAI
6	50 2	72 hre	rapiture, or	
	59 2	3hrs.	min. aostas	, nousyphi
	Baltimore	County, Md.		monsyphical
S. Birthplace	Baltimore	County, Md.		son gel
9. Birthplace 1D. Usual occupation 11. Industry or business	Baltimore (Town, Hardwood	Gounty, Md. county, and state) I Floor Finisher	Due to.	
9. Birthplace 1D. Usual occupation 11. Industry or business	Baltimore (Town, Hardwood	Gounty, Md. county, and state) I Floor Finisher	Due to.	
9. Birthplace	Baltimore (Town, Hardwood ness Lewis N. Pov Va.	e County, Md. county, and state) I Floor Finisher vell	Bue to	cysliti z
9. Birthplace	Baltimore (Town, Hardwood ness Lewis N. Pov Va.	e County, Md. county, and state) I Floor Finisher vell	Bue to	cysliti z
9. Birthplace	Baltimore (Town, Hardwood ness Lewis N. Pov Va.	e County, Md. county, and state) I Floor Finisher vell	Due to	cyslite = C
9. Birthplace	Baltimore (Town, Hardwood ness Lewis N. Pov Va.	e County, Md. county, and state) I Floor Finisher vell	Dither conditions Rade (Include pres	eysliti = (Thelecystiti
9. Birthplace	Baltimore (Town, Hardwood ness Lewis N. Pov Va.	county, Md. county, ond state) i Floor Finisher vell fracy, timore County, Md.	Dither conditions Rade (Include pres	eyslite = Challeystitii
9. Birthplace	Baltimore (Town, Hardwood ness Lewis N. Pov Va. Amelia 1 Balt Mrs Blanc Falls F	county, Md. county, ond state) d Floor Finisher vell Fracy, timore County, Md. Che Powell	Due to	equitie a (Chally titie the cause to which deat due to external causes, till 1
9. Birthplace	Baltimore (Town, Hardwood ness Lewis N. Pov Va. Balt Mrs Blanc Falls F	county, Md. county, ond state) I Floor Finisher Vell Cracy, Simore County, Md. Che Powell Road Date thereot (month) (day) (year	Due to	eysliti a (Challeystiti c the cause to which deat due to external causes, till 1
9. Birthplace	Baltimore (Town, Hardwood ness Lewis N. Pov Va. Amelia T Balt Mrs Blanc Falls F arial Lon, or reincyal, Which?	County, Md. county, ond state) I Floor Finisher vell fracy, timore County, Md. che Powell Road Date thereot 12/16/ (month) (day) (year)	Due to	eysliti a (Challeystiti c the cause to which deat due to external causes, till 1
9. Birthplace	Baltimore (Town, Hardwood ness Lewis N. Pov Va. Amelia T Balt Mrs Blanc Falls F arial Lon, or reincyal, Which?	County, Md. county, ond state) I Floor Finisher vell fracy, timore County, Md. che Powell Road Date thereot 12/16/ (month) (day) (year)	Due to	eysliti a (Challeystiti the caose to which deat due to external causes, till 1
9. Birthplace	Baltimore (Town, Hardwood ness Lewis N. Pov Va. Balt Mrs Blanc Falls F arial lon, or removal, Which? Loudor Balti	county, Md. county, ond state) I Floor Finisher Vell Fracy, timore County, Md. Che Powell Road Date thereot 12/15/ (month) (day) (year 1 Park	Due to	eysliti a (Chally titi thal external causes, till) (City or town)
9. Birthplace	Baltimore (Town, Hardwood ness Lewis N. Pov Va. Balti Mrs Blanc Falls F Arial ton, or removal, Which? Balti Matory Loudor Balti William C	County, Md. county, ond state) I Floor Finisher vell fracy, timore County, Md. che Powell Road Date thereot 12/16/ (month) (day) (year)	Due to	eyslites a control of the control of

	3. (b) Social Securit	y Number
	None	
MEDICAL	CERTIFICATION	
20. DATE OF DEATH December 1	3,1948 19	,at 12:30 A
21. I CERTIFY that death occurred on the dat	e above stated; that I attended de	ceased from
11-13 and that I last saw h	1948 10 12 -	13 1948
and that I last saw halive on	12-12	19.46
Impediate cause of death	7.00	DURATION
Rufture, Unewa	jam, was	148,
aoutes non	syphilitie [3/2	149 alec)
Muftine Guerre Ducure aoita, non Due to Oucury Am	o car using	, aun
)ue to		
08 0 -0	tis - Charles	1 1111
Other conditions	us a good cert	way any
(Include pregnancy with	n 3 months of death	11. 1 9
(Include preparey with	4 state 4 Shall	litures
major nomegs of operations		130148
Actopsy results hour	e	
PHYSICIAN: Please noderline the cause t	o which death shoold be charge	ed statistically.
22. VIOLENCE: If death was due to externa	I causes, till in the following:	12 11
Accident, suicide, or homicide,		1 30 14
The state of the s	vn) (County)	
	/where 2)	
Where did injury occur?(City or to (City or to) Injured at home, tarm, industry, public place Meens of injury	e (where?)	********* ********** ** *** **

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

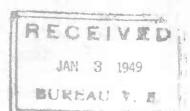
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CERTIFICATE OF DEATH

v. Diat. No. 38

1. PLACE OF DEATH: Pattimore County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infonts give residence of mother) State. MARY AND County Tay I was a re-
How long in above place of death?	City or town Collection (if outside city or town limits, write RURAL and give nearest town) Street No. 26 Mashington Avenue (If rues) give LOCATION)
3. (a) FULL NAME ELLEN CAPENELL REA	3. (b) Social Security Number
Female White Widawed 5. Color or race 6.(a) Single, married, widawed, or divorced White Widawed	MEDICAL CERTIFICATION 20. DATE OF DEATH December 12, 1948 3 1
8.(b) Name of husband we wise William Charles Read 7. Birth date of deceased (mo., day, yr.) June 24 1874	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. Y. F. to Let 12. 19. 4. and that I last saw h
8. AGE: Years Months Days It less than one day 74 5 18	Immediate cause of death DURATION
9. Birthplace (Town, county, and stote) 10. Usual occupation House Wife	Due to Outo Cardus delette 1948
11. Industry or business At Home	Due fo
12. Name Unknown Capewell 13. Birthplace Unknown	Dther conditions
14. Maiden name	(Include pregnoney within 3 months of death) Major fiedings of operations
16. Informan Mr. William Barall	Autopsy results
11. Burial, cremation, or removel. Which?) Date thereof Dec. 15. 1948 (month) (day) (year)	22. VIOLENCE: If death was due to exfernal causes, fill in the following; Accident, suicide, or homicide
Location Trentany New Jersey	Where did injury occur?
18. Funeral director Jama Burne Some Address Tompon Manufación	Means of Injury Injured at work?



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

Reg. Dist. No.

CERTIFICATE OF DEATH

town limits, write RURAL and give nearest town)

6.(a) Single, married, widowed, or divorced

Italy

If less than one day

Dec. 13 1948

(month) (day) (year)

Married

(If ro	ural, give LOCATION)
3,267.51	3. (b) Social Security Number 213-07-9438
	CAL CERTIFICATION 840
•••••	ne date above stated; that I attended deceased from
	OURATION
Due to	within 3 months of death) Date of op.
PHYSICIAN: Please noderline the en	ause to which death should be charged statistically.
22. VIOLENCE: If death was due to e	Date of
Accident, suicide, or homicide	

confect age 1. PLACE OF DEATH information carefully. The of death clearly and legibly Hospital, Institution, or street address where death occurred: How long in hospital or institution?. 3. (g) FULL NAME 4. Sex item of i Male 6,(b) Name opopspand or wife....Anna...Reda 7. Birth date of deceased (mo., day, yr.) DING INK. Supply hysicians: please wri 8. AGE: 59 9. Birtholace Cerisano 10. Usual occupation Post Office Work 11. industry or business Bethlehem Steel WITH UNI important. 13. Birthplace 14. Maiden na 15. Birthplace 14. Maiden name. PLAINL Address Burial (Burial, cremation, or removal, Which?) Cemetery X Vernatury 国 WRI Location German Hill Rd Dundalk Md.

5. Color or race

Months

Luigi Reda

Luisa

18. Funeral director Fraul Della

322 S. High St.

(Date ree'd by registray)

Anna Reda (Wife) 631 S. Macon St.

Sacred Heart

10

White

January 17 1889

Days

Cosenza (Town, county, and state)

Italy

Italy

Date thereof.

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MARYLAND	STATE	DEPARTMENT	OF	HEALTH

2411 N. Charles St., Baltimore

Bel 12110

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			CERTIFICAT	E OF DEATH	Reg. Diat. No	LAG
How long in above place Hospital, institution, or Vets. Adm	Baltimore Fort utside eity or town lim of death? 21 street address where de	Days	rd URAL and give nearest town) i: Howard, Md.	2. USUAI. RESIDENCE (HOME) OF (For rewhern infants give residence of m State	write RURAL and give ne	areat town)
3. (a) FULL NAM					3. (b) Social Security Unknown 21	Number 4 -0 -0 7011
	JACK R. R		a, married, widowed, or divorced			3-03-0104
4. Sex	5. Color or race	b.(a)singi			RTIFICATION	
Male	White		Married	20. DATE OF DEATH. December 16,	10.48	,at1:05 P M
6,(b) Name and Share or wite. Lorie Redmond 6,(c) It alive, give age. 51. years deceased (mo., day, yr.) 8-27-1897 8. AGE: Years Months Days It less than one day				21. I CERTIFY that death occurred on the date above November 24. 1944 and that I last saw h. i.m. alive on Deci Immediate cause of death. HEMORRHAI GASTRO-INTESTITAL TRA	8 10 December ember 16., E 11170	19.48 19.48 DURATION
51 3 19 hrs. min. 9. Birthplace Charleston, S. C. (Town, county, and state) 10. Usual occupation Carpenter				Due to. Lacrnec!s Cirrhosi	s of Liver	
11. Industry or busines	s					
t3. Birthplace S	k Redmond South Carol Callie Cl South Carol	ina ark		Other conditions Bronchopneumon Lower lobe. (Include pregnancy within 3 m	ontha of death)	
16. Intermant Clinical Records, Vets. Adm. Hosp. Fort Howard, Maryland				Autopsy resultsSubstaniated PHYSICIAN: Please underline the cause to whi 22. VIOLENCE: It death was due to external cause	ch death should he charged ses, till in the tollowing;	l statistically.
Cemetery or crematory Location Charles Howard Blight Howard M. Blight Address Date thereof (month) (day) (year) (month) (day) (year)				Accident, suicide, or homicide	ere?)	(State)
19. (Dato ree'd by re	gistrar)		Registrar	Address VAH, Fort Howard,	Id a Date signed	2.116/48

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WRITE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Address Catonaville-28-Maryland Date signed

Reg. Dist. No. 30 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For new horn infants give residence of mother) 1. PLACE OF DEATH: County Baltimore Catonsville (If outside city or town limits, write RURAL and give nearest town) City or town Address unknown How long in above place of death? 13 yrs., 6 mos., 26 days (If outside city or town limits, write RURAL and give nearest town) Hospitat, Institution, or street address where death occurred: Spring Grove State Hospital (If rurol, give LOCATION) How long in hospital or institution? 13 yrs. 6 mos. 26 days 2.(a) If veteran, name war..... 3. (a) FULL NAME 3. (b) Social Security Number Ora Rehm 5. Color or race 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION female white divorced 20. DATE DE DEATH De comber 30 1948 1112:05 Am 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 19.35 December 3019 48 and that I last saw h er alive on December 30 1948 October 10. 1886 deceased (mo., day, yr.) DURATION If less than one day 8. AGE: Coronary Occlusion 15 min. Coronary Sclerosis Indefinite Arteriosclerotic C.V. Disease Baltimore, Maryland (Town, county, and state) Cardiac decompensation 3 months Due to Hypertensive C. V. Disease Indefinite James P. Keaton Virginia 13. Birthplace (Include pregnancy within 3 months of death) 14. Maiden name 15. Birthplace Roberta Vaughan 14 Maiden name...... Major fiedings of operations. Virginia Hospital Records PHYSICIAN: Please ooderline the caose to which death should be charged statistically. Catonsville-28-Maryland 22 VIOLENCE: If death was due to external causes, fill in the following: Where did Injury occur? injured at home, farm, industry, public place (where?) Injured at work? Docate Just, M. D. 23. SIGNATURE IsadoreTuerk, M.D.

WRITE PLAINLY, 1s especially

PLEASE.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12259 Reg. Dist. No. 3C

City or town(17 How long in above plat Hospital, Institution, of Spring	Ralt Cato Cato foutside city or town l ce of death? 10 3 or street address where g. Grove Sta or institution? 10 3	onsvill imits, write rears, death occurrente.	nural and give nearest town) 2 months, 7 days d: spital 2 months, 7 days	2. USUAL RESIDENCE (HOME) Of (For powhorn infants give residence of State	s, write RURAL and give nea Chase Street LOCATION)	rest town)
3. (a) TOLL MAI		1 Rehr	1		J. (0) Doctar Decarry	Hamber
4. Sex male	5. Color or race white		le, married, widowed, or divorced	MEDICAL CI	ertification	,al7:15 pw
	y, yr.) March	6.	(c) If alive, give ageyears	21. I CERTIFY that death occurred on the date about 19. and that I last saw h	, 10	19
8. AGE: 18		12		Shick (Su	Jul)	***************************************
9. Birthplace	Labore Mattre	r ess fac	tory	Due to accepte faler	hund	
当 12. Name	Maryla			Dther conditions		
14. Maiden nam	Jennie Maryla		n	(Include pregnancy within 3 to Major findings of operations.		
16. Informant			cords 28, Maryland	Antopsy results	bich death should be charged	, , ,,,,,,
18ma	white	Date the	Men Jy) (par)	22. VIOLENCE: It death was due to external car Accident, suicide, or homicide Where did injury occur? (City or town) Injured at home, tarm, industry, public place (w Magnification of the company of th	where?) Confidence of the Con	(State) (State
19 Rec	8 19 4 1	8	1. W. Nedrich	Address 1010 Leeds	M. D.	De 748

			CERTIFICA	TE OF DEATH	Reg. Dist. No	38
1. PLACE OF DEA	TH:		The second secon	2. USUAL RESIDENCE (HOME		
			••••••	State Maryland		
ity or town(If ou	atonsville	B imits, write RU	RAL and give nearest town)	D-144		
low long in above place o	d death?	one mont	h twenty-three day	City or town Baltimore C	limits, write RURAL and give a	nearest town)
	Frove Stat			Street No. 3904 Hadley St	luare West	••••••
					give LOCATION)	/
		montin, cv	enty-three days	. 2.(a) It veteran. name war		
B. (a) FULL NAME	WILLIAM	F. RIAI			3. (b) Social Securit	y Number
, Sex	5. Color or race	6.(a)Single,	married, widowed, or divorced	MEDICAL	CERTIFICATION	
M	W	mari	ried	20. DATE OF DEATH Decembe:	r 23, 19 48	,at 1 a
t (h) Name of husband o	. with Cath	erine. I	Mal	21. I CERTIFY that death occurred on the dat	e above stated; fhat I attended de	oceased from
Manie of Husband o	1 1116	6(0)	If alive, give age	October 30,		
7. Birth date of deceased (mo., day, yr	. Dogomi		I R 70	and that I last saw h 1.Malive on		
deceased (mo., day, yr. 8. AGE: Years) Decemi	Days	It less than one day	Immediate cause of death		DURATION
69	0		min	Arteriosclerotic he	eart disease	Inderini
	211	1		- Generalized Strell		
3. Birthplace	(Town,	eounty, and st	id. ite)	Due to Hypertensive Ca		
iD. Usual occupation	Iron Mold	ier re	tired	Due to.		
11. Industry or business				Due to		
Wi 12 Name Wi	lliam F	Rial		Diher conditions Left hemip		
13 Rirthplace	Baltimore	Maryla	nd			
<u>«</u>	Elisabeth	Krieh		(Include pregnancy with		
14. Malden name 15. Birthplace 16. Informant	Baltimone	Maryl A	ond .	Major hudings of operations		
≥ 15. Birthplace	Deretmote	, mary	DILD.	none	Date of op	
				Autopsy results	to which death should be chara	ed statistically.
	atonsville			22. VIOLENCE: If death was due to extern		
17. Bur	ial	Date thereo	12/27/48 (month) (day) (year)	22. VIOLENCE: If death was due to extern Accident, suicide, or homicide		
(Burial, cremation,	or removal. Which?	ine Cem	(month) (day) (year)			
Cemetery or cremator	Woodl	awn. Md				
200011011 11111111111111111111111111111				Injured at home, farm, Industry, public place		
18 Funeral director	WM. J. T.	ICKNER 8	c SONS	Means of Injury	injured at work?	
Address	Balto., 1	Md.			,	
0		c. 1	W. Belne	23. SIGNATURE ISAdore T	ierk, M.D.	D, or other
10 - Hela 2	19.4		Registra			

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MARYLAND	STATE	DEPARTMENT	OF	HEALT

2411 N. Charles St., Baltimore

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CERTIFI	CATE	OF	DE	TL

6	ALC: NO	10	11
	1	3	0

CERTIFICAT	E OF DEATH Reg. Dist. No. 30
1. PLACE OF DEATH: Catorious County	2. USUAI. PESIDENCE (HOME) OF DECEASED: (For product infalls give residence of mother) State
How long In hospital or Institution?	2.(a) If veteran, name war.
3. (a) FULL NAME Lewietta	Rechards 3. (b) Social Security Number
4. See 5. Cofo or rate 6.(a) Single, married, wighwed, or divorced	20, DATE OF DEATH SEC - 15 4 19 48 21 8 AM
8,(b) Name of husband or wife	21.1 CERTIFY that death occurred on the date above stated; that lastended deceased from 19.4 %.
7. Birth date of deceased (mo., day, yr.) ruly # 1885	and that I last saw h A alive on URATION
8. AGE: Years Months Days If less than one day	Mitral monthice ency?
9. Birthplace	Carley PEnal ?
11. industry of usiness)	Due to
12. Name 10. hw seems with 13. Birthplan	Dther conditions
14. Maiden name Mulles J. Jaseo 15. Birthplace Med J. P.	(Include pregnancy within 3 months of death) Major findings of operations.
15. Birthplace	Oate of op.
16. Informant Class. J. West.	Autopsy results
Appropriate Commence	22. VIOLENCE: If death was due to external causes, fill in the following:
17. Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or compatery	Where did Injury occur?
Location	Injured at home, farm, Industry, public place (where?)
18. Funeral director	Means of Injury Injured at work?
Address 9/8- Level Still	23. SIGNATURE OLT Malery M. D. or other
19. Date rec'd by registrar (C. Ragistrar	Address MA Date signed 3/15/4

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Rog. Dist. No. 452

City or town
(If outside cits or town limits, write RURAL and give nearest town) How long in above place of death? (If outside cits or town limits, write RURAL and give nearest town) (If outside cits or town limits, write RURAL and give nearest town) (If outside cits or town limits, write RURAL and give nearest town) (If outside cits or town limits, write RURAL and give nearest town) (If outside cits or town limits, write RURAL and give nearest town) (If outside cits or town limits, write RURAL and give nearest town) (If outside cits or town limits, write RURAL and give nearest town) (If outside cits or town limits, write RURAL and give nearest town) (If outside cits or town limits, write RURAL and give nearest town) (If outside cits or town limits, write RURAL and give nearest town) (If outside cits or town limits, write RURAL and give nearest town)
How long in above place of death? Hospital, institution, or street address where death occurred: O. 7. 0.3. How long in hospital or institution? (If outside street town limits, write RURAL and give nearest town) (If outside street town limits, write RURAL and give nearest town) (If outside street town limits, write RURAL and give nearest town) (If outside street town limits, write RURAL and give nearest town) (If outside street town limits, write RURAL and give nearest town) (If outside street town limits, write RURAL and give nearest town)
How long in hospital or institution? 2.(a) If veteran, name war.
How long in hospital or institution? 2.(a) If veteran, name war.
3 (a) Social Security Number
Rollely H. Rodolas
4. Set 5. Color or race 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION
M. W. S. 20. DATE OF DEATH. Dec 16 1948 at 85% M
21. I CERTIFY that death occurred on the date above stated; that lattended deceased from
19.78.
7. Birth date of Annual Control of the Control of t
deceased (mo., day, yr.) Immediate cause of death
8. AGE: Years Months Day's if less than one day 14 Months 19 hrs. min.
Patting need
9. Birthplace
10. Usual occupation
11. Industry or business
12. Name Curalle J. Rosque Other conditions Other conditions
(Include presented within 8 months of death)
14. Maiden name Kalleliste Ms. Mallage Major findings al operations.
14. Maiden name. Ratherists Ms. Mattay. 15. Birthplace Date of op.
Kathaine W. Martin and
PHYSICIAN: Please underline the caosa to which death should be charged statistically.
Address 0 7 0 3 January 22. VIOLENCE: If death was due to external caoses, till in the tollowing:
97 QUAIAL. Bate thereof DUC 2 / 81/9. The
(Burial, cremation, or removal, Which?) (month) (usy) (year)
Cemelery or crematory (City or town) (Connty) (State)
Location Walliam Jose Called A. J. D. Belley J. J. Jones at home, tarm, industry, public place (where?)
18. Funeral director. Rolland La Flakell Means of Injury lojured at work?
LUDA AMARIA
Address 2/12 Duradelle Color 23. SIGNATURE Color of the C
19 h 22. 8 16. 48. 18. HE
(Date ree'd by registrar) Recistrar Address Address Date signed 2 2 2 2 2 2 2 2 2

RECEIVED DEC 24 1948 BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

T'D'	TIE	(TE	OF	DE	ATT

Reg.	Diat.	No.	

2411 N. Ch	narles St., Baltimore
CERTIFICA	ATE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3.(a) FULL NAME Edith Mae Rolsner	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Fernale White Married	MEDICAL CERTIFICATION 20, DATE OF DEATH. DECLARED 14 19 # 8 9 4
6.(b) Name of husband or wife. 6. Market for Colombia. 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 42 6 26 hrs. 9. Birthplace. 6.(c) If alive, give age. 43 yr. 18. AGE: Years Months Days If less than one day 19. Colombia for Market for	Immediais cause of death DURATIO
1D. Usual occupation	Due to
12. Name Multimore G. Maryland 13. Birthplace Bultimore G. Maryland 14. Maiden name Ena Morris 15. Birthplace Baltimore County Trunyland	(Include pregnancy within 3 months of death) Major findings of operations. Allamoura of Rectume Date of op.
16. Informant Husband: Ernest & Rolemen Address 4/3 Muddle River Rd Pattimer 10,	Autopsy results
17. burial Date thereof Lee. 1919 4 (Burial, cremation, or removal, Which?)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cometery or crematory Moreland Memorial Pa Location Tay lay Ave 18. Funeral director Lassahn Funnal Home	
Address 7401 Belair Rd. 19. / 2 - / 4 19 # # # # Registrar) (Date rec'd by registrar) Registrary	23. SIGNATURE Sech 211) trar AMIESS 90 / Fuselage an Baltumero Mile or other / 1/14

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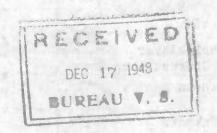
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MARYLAND STATE DEPARTMENT OF HEALTH Be

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH: Baltimore				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Catons vi. 12 (If outside city or town limits, write RURAL and give nearest town)				State Maryland County		
City or town	utside city or town li	mits, write h	RURAL and give nearest town)	D-314		
How long in above place	of death?	r., 9	mos., 20 days	(If outside city or town limits, write RURAL and give nea		
Hospital, institution, or				Street No. Mt. Sinai Nursing Home-4613 P	ark Hgts.	
			tal 20 days	tlf rural, give LOCATION)	Aven	
	and the same of the same of	y. r	mos., 20 days	2.(a) tf veleran, name war		
3. (a) FULL NAME				3. (b) Social Security	Number	
	Louis Rog					
4 Sex	5. Color or race	6.(a)Sing	ie, married, widowed. or divorced	MEDICAL CERTIFICATION		
male	white	Y COLUM	separated	20. DATE DE DEATHDecember15	al 12:42	
e (h) Name of hughand	or wite Mil wil	em Gel	ler	21. I CERTIFY that death occurred on the date above stated; that I allended decea	sed from	
			c) If alive, give age 69 years	February 25 19 47 10 December	15 1948	
T. Birth date of				and that I last saw himalive on December	1948.	
deceased (mo., day, y				Immediate cause ni death	DURATION	
8. AGE: Years	Months	Days	It less than one day	Terminal pneumonia	.4 days	
74	9		min.			
9. Birthplace				Due to arterios clerotic gardiovas oular	***************************************	
				renal disease	indef.	
			•••••••••••••••••••••••••••••••••••••••	Sue to		
11. Industry or business	. Constru	oti on				
至 12. Name	Unknown			Diher conditions Bilateral amaurosis	indef.	
13. Birthptace				(Include pregnancy within 3 months of death)		
H 14. Maiden name. Unknown						
14. Maiden name				Major findings of operations.		
1.0					**********	
16. Informant Hospital Records				Autopsy results	statistically.	
Address Catonsville-28-Maryland 17. Device Date thereof (2-/6-48 (Burial, cremation, or removal, Which?)				22. VIOLENCE: tt death was due to external causes, fill in the following:		
			reo1 /2 -/6 -48	Accident, suicide, or homicide		
(Burial, cremation	, or removal. Which?)	(month) (day) (year)			
Location Active Mt Carmel			0	Where did injury occur?	(State)	
			arnel	Injured at home, farm, industry, public place (where?)	.,	
	HIPM X	Pur	is Dics	Meens of injury Injured at work?	4.	
18 Funeral director.	6	1	- Place.	Oscala Frank, m. D.		
Address OSO	o our	su	- / Cocc ·	23. SIGNATURE Isadore Tuerk, M.D.		
10 12-14	19 48	- 7	6. Harry			
(Date rec'd by registrar)				Address Catonsville-28-Maryland Date signed .	12-15-48.	



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PLEASE WRITE PLAINLY, WITH UNI

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Rev. Dist. No. 36

1. PLACE OF DEATH: Baltin	2. USUAL RESIDENCE (HOME) OF DECEASED: (Fe prowhern infants give residence of mother)
County	State Maxistand County Howard
(If outside city or town limits, write RURAL and give nearest town)	City or 10mg. 1 Dechester
low long In above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Inskitution, or street address where death occurred:	Street No.
House in the fines	(If rurel, give LOCATION)
How long in hospital or Institution?	2.(a) It veteran name war
3. (a) FULL NAME Charles And	seem Rowles, 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed or divorced	MEDICAL CERTIFICATION
Male White Single	20. DATE OF DEATH. Dec 26, 19. 48, 14:30A1
nonel	21. I CERTIFY that death occurred on the date above stated; that I attended decessed from
6.(b) Name of husband or wife	Dec 23 1998 10 Dec 26 1998
7. Birth date of	years and that t last saw h. 1. M. alive on Dec 23 19 48
deceased (mo., day, yr.) 100, 1869	Immediate cause of death
8. AGE: Years Months Days tt less than one day	Cerebral hemorrhage 48 hr
79 11 6	. min.
Birthplace Town, county, and shate	Due to Senoralized arterio sclorosis Unknow
Valle O. tol	
	Due to
11 Industry or business	/
12. Name Marles for les	Other conditions
21	(Include pregnoncy within 3 months of death)
14. Maiden name Thank Colored Selfman	
15. Birtholace Ballimore M	Major findings of operations
man mollin Sal	7-4
18. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Slehlslet, Ma,	22. VIOLENCE: If death was due to external causes, fill in the following:
12 Burel Bate thereof Dell. 29.15	7.4.8
(Burial, cremetion, or removal Which?) (month), (day) (year	1
Cemetery or crematory Allen grant and Cemetery or crematory	Where did injury occur? (City or town) (County) (State)
Location Elkringe, Mas	Injured at home, farm, industry, public place (where?)
Past Manual	Means of injury Injured at work?
18 Funeral director	0+ 5 / / /
Address 608 Frederick Miles	23 SIGNATUR Septean les Magness MD
10 12-28-48 1/ E Marre	M. D. or other
(Date rec'd by registrar) Reg:	istrar Address

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DEC 30 1948

BUREAU V. S.

age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

932

Reg. Dist. No.

CERTIFICATE OF DEATH

Baltimore	(For newborn infants give residence of mother)	
COUNTY	State Md. County Balto.	
City or town Parkville (If outside city or town limits, write RURAL and give nearest town)	m m	
How long In above place of death?	City or town Parkville (If outside city or town limits, write RURAL and give nearest town)	
Hospital, Institution, or street address where death occurred:	Street No. 9106 Harford Road	****
9106 Harford Road	(If rurai, give LOCATION)	
How long in hospital or institution?	2.(a) It veteran, name war	***
3. (a) FULL NAME	3. (b) Social Security Number	
ISABELLE V. SCHEK		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
female white widowed	20. DATE DF DEATH December 10th, 19 18 at 2:15	p
		A e. M
6.(b) Name of husband or wife Charles Wm. Schek	21. I CERTIFY that death occurred on the data above stated; that I attended deceased from	15
7. Birth date of	and that I last saw h A alive on Selection 19 %	15
7. Birth date of deceased (mo., day, yr.) Oct. 24th, 1879		_
8. AGE: Yaars Months Days It less than one day	Immediais cause of death DURATION	
69 1 16min.		
9. Birthplace Balto (Town, county, and state)	Due to Du	C
10. Usual occupation Housewife		*******
	Due to	*******
11. Industry or business		********
	Dther conditions	
	(Include pregnancy within 3 months of death)	
E 14. Malden name	Major findings of operations	
14. Maiden name Mary ————————————————————————————————————	Date of op.	
16. Interment Mrs. John W. Anthony	Autopsy results.	
030/ 11 0 1 0 1 0 31 11 11	PHYSICIAN: Please underline the cause to which death should be charged statistically.	
	22. VIOLENCE: If death was due to external causes, till in the tollowing:	
(Burisl, cremation, or removal, Which?) Date thereot. Dec. 11, 1918 (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory Parkwand	Where did injury occur?	
Location Balling as My a	Injured at home, farm, Industry, public place (where?)	
18. Funeral director as sahur tunned Home	Maens of Injury Injured at work?	
Address 7401 Belair Road	and Bacon	
10/1 /01/10	23. SIGNATURE 1-11- Cacon M.D. or other	
19. (Dayle ree'd by registrar) 19. To Make Registrar 19. To Registrar	The second secon	18
(Date fee of by registrat)	Null Cost Signed	

DEC 13 1948
BUREAU V. A.

MARYLAND STATE DEPARTMENT OF HEALTH,

2411 N. Charles St., Baltimore

CERTIFICAT	E OF DEATH Reg. Diat. No9
1. PLACE OF DEATH: County Baltimore City or town. Towson L, Maryland (If outside city of town limits, write RURAL and give nearest town) How long in above place of death? Discountification or street address where death occurred: Eudowood Sanatorium, Towson L, Maryland How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME	3. (b) Social Security Number Naul
4. Sex Sex Second or prize Second or divorced	MEDICAL CERTIFICATION 2D. DATE OF DEATH. DLCLWDLL 22 194.5 at 12.15.4 M 21. I CERTIFY that death occurred on the date above stated; that I attended decease from 194.5 to Duck 194.5 Immediate cause of death DURATION Due to Due to Conditions (Include pregnancy within 3 months of death) Major findings of operations
16. Informant Personal history-Hospital records Address Eudowood Sanatorium, Towson 1, Md. 17. Burial Date thereof 12/23/48. (Burlal, cremation, or removal, Which?) Cemetery or crematory Druid Ridge Ceme Location Pikesville, Md. 18. Funeral director WM. J. TICKNER & SONS Address Balto., Md.	Autopsy results
19. (Date rec'd by registrar) Registrar	Address Tow Son 4, Md. Date signed 1,2-22-48

PLEASE.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

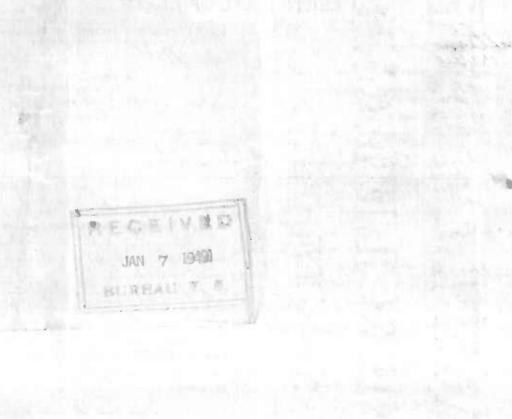
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ERTIFICATE OF DEATH

eg, Dist. No.

CERTIFICA	Reg. Dist. No.
1. PEACE OF County County County County City or town (If outside city or town timits, write RURAL and give nearest town) How long in above place of death? Hospital, institution or street address where death occurred. How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME Martia Henry Sc 4. Sex 5. Color or race 6. (a) Single, married, widowed, of divorced	hmidt 3. (b) Social Security Number
4. Sex 5. Color or race 5.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH 20. DATE
6.(b) Name of husband of wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	and that I last saw h
55 3 hrs. min. 9. Birthplace Salts, and,	Due to
1D. Usual occupation.	Due to
11. Industry or business 12. Name John H. Schmidt 13. Birthplace Sermany	Diher conditions.
14. Maiden name Margaret Martin	(Include pregnancy within 3 months of death) Major findings of operations
16. Informant hus Pearl Strueble	Autopsy resolts. PHYSICIAN: Please underline the cause ta which death should be charged statistically.
Address Foreley Man 17. Gurial, cremation, or removal, Which?) 18. (Burial, cremation, or removal, Which?) (month) (day) (year)	22. VIOLENCE: If death was due to external causes, till in the following: Accident, suicide, or homiete
Cemetery or crematory.	Where did injury occur?
Location 5600 Caracy (City) 18. Funeral director from 5 Connelly	Injured at home, farm, industry, public place (where?) Means of injury Injured at work?
Address 418 Gaslery Cys 19 Lec. 2 ft 19 48 John D. Connelly (Date rec'd by registrar) Registrar Registrar	23. Signature David Society Modern Batter Society Modern Batter Signed Modern Modern Bate signed Modern Mod

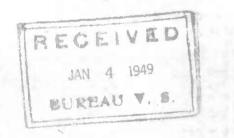


MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

	*		CERTIFICA	TE OF PERMIT	Reg. Dist. No.
1. PLACE OF DEATH: County				Street No. 3628 Milford	Daltimore Baltimore Sits, write RURAL and give nearest town) Mill Road We LOCATION)
3. (a) FULL NAM	1E		. Sharp		3. (b) Social Security Number
4. Sex Female	5. Color or race	6.(a)Sing	le, married, widowed, or divorced Widowed		CERTIFICATION 19.48 at 1,40 P.
6.(b) Name of husband or wife Clarence 5. Sharp 6.(c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) June 14, 1869			(c) If alive, give ageyear		1840 10 HOC 20, 1948
8. AGE: Yea		Days 6	If less than one dayhrsmin	Cardio Vascul	av A mark
10. Usual occupation 11. Industry or busing 12. Name	None Mr. Pryor Beltim	ore. M	state)	Due to	3 months of death)
14. Malden name Almira Coven 15. Birthplace Baltimore, Md. 16. Informant Mr. Clarence W. Sharp Address 3628 Milford Mill Rd., Rockdale 17. Date thereof (month) (day) (year) Cemetery or crematory Mt. Olive Yemetery			Rd., Rockdale Dec. 22,194 (month) (day) (year)	Autopsy results	which death should be charged statistically. causes, fill in the following; Date of
1	ndsl 510 Libert (egistrar)	y Heig	hts Ave. Marting Registra	Means of Injury 23. SIGNATUPERS. E. 7	Injured at work? // Autor M. D. or other M. D. or other M. D. or other



WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

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FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

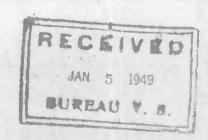
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12270

CERTIFICATE OF DEATH

Reg. Dist. No. 35

1. PLAGEOF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town Parkton	State MARYLAND County BALTIMORE
(If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death? Life	Cily or town
Hospital, Institution, or street address where death occurred:	
	Street No
How long in hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME	2/1) C : 1C : M 1
<u></u>	3. (b) Social Security Number
ARAH ELIZABETH 4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
FEMALE WHITE WIDOW	
	20. DATE OF DEATH
6.(b) Name of husband or wife SANVILLE SIMPEON	21. I CERTIFY that death occurred on the date above stated; that I aftended deceased from
T. Birth date of	apr. 1 - 18 4 8 10 dec 2 9 - 18 4 8
T. Birth date of deceased (mo., day, yr.) FEP 28 1852	and that I last saw h 12 alive on blee 23 - 19 48.
8. AGE: Years Months Days If less than ooe day	Immediais cause of death DURATION
0. 102.	Cerebral Hemoryage
96 10 3hrsmin.	
S. Birthplace BALTIMORE C.	Due to Atesia Cheronis
(Town, eounty, and state)	
1D. Usual occupation. AT Home	Due fo.
11. Industry or business	
12. Name FRWIN WILSON 3. Birtholace BALTIMBRE CO MID	Other conditions Milial Original tation.
12 Simbolos BALTIMARE CA MB	Uther conditions
# 14. Maiden name STRAH ANN PALMER	(Include pregnancy within 3 months of death)
14. Maiden name DARRAH ANN PARALERS	Major findings of operations.
14. Maiden name SARAH ANN PALMER 15. Birtholace BALTI MORE CO. MD 16. Informant Bul Olarsy Sempone	Date of op.
16. Informant But Olarry Lempow	Antopsy results.
	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 5209 york pd. Baltime, Ind	22. VIOLENCE: If death was due to external causes, fill in the following:
17. Burisl, cremation, or removal, Which?) (Burisl, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide, Date of
(Buriai, cremation, or removal, Which?) Cemetery or crematory NRST LiBERT	
	Where did Injury occur?
Location WHITE HALL RED MB	tnjured at home, farm, Industry, pub ¹¹ c place (where?)
18. Funeral director Howard & Markeline	Means of Injury Injured at work?
Address white Hall. Il	23. SIGNATURE J. Lagle, M. D. O. M. D.
0	23. SIGNATURE M. D. S. M. D. S
19 Jau 1 19 49 mrs Howard 5. Market Pate ree'd by registrar	Address Mary Forcedown Do Date signed 12/31-48.
Tate tee d by registrary	Address



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	WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legible
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MARYLAND STATE DEPARTMENT OF HEALTH

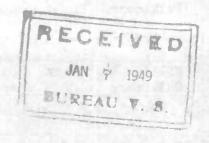
2411 N. Charfes St., Baltimore

1226

CERTIFICATE OF DEATH

Reg. Diat. No. 30

1. PLACE OF DEATH: Baltimore				2. USUAL RESIDENCE (HOME) OF (For prophorn infants give residence of m	DECEASED:	
City or town (If outside city or town limits, write RURAL and give nearest town)			***************************************	State Maryland count	у	**********
City or town(If o	utside city or town	imits, write l	RURAL and give nearest town)	City or town. Baltimore (If outside city or town limits,		
How tong In above place	of death?	yrs.	1 mo., 27 days.			
Hospital, Institution, or				Street No. 1102 Lomberd St		
			spital	(If rural, give LOCATION) 2.(a) if veleran, name war		
		4 yrs.	, 1 mo., 27 days.	2.(a) if veteran, name war		
3. (a) FULL NAMI					3. (b) Social Security N	umber
	Cha rl	les Sny	der			
4 Sex	5. Color or race	6.(a)Sing	le, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
male	white		divorced	20. DATE DE DEATH. December 25	ts 48	9:10 a
. 6.(b) Name of husband	or wite Mets	line M	larton	2t. 1 CERTIFY that death occurred on the date above October 28		
		6.((c) If alive, give ageyears	and that I last saw him		
7. Birth date of deceased (mo., day, y	April	1, 188	37	Immediate cause of deathBilateral		OURATION
8. AGE: Years			the state of the s			
61	8	24		pneumonia ; right uppe		
				Paralytic ileus;		
9. Birthplace	Town	county, and	state)			
				of descending colon		
				Partial obstruction		
11 Industry or busines:		C3		colon and sigmoid due	To adnesions	3
		Shyde	r	Other conditions and constipat	lon.	I. Week
				Generalized arterios of (Include pregnancy within 3 me	ontha of death)	inder.
# t4. Maiden name.	Martha	?		Major findings of operations		
t4. Maiden name Martha ? Unknown				Major hadings of operations.		
	Hospital 1	records		Autopsy results As above		
t6. informant Hospital records				PHYSICIAN: Please underline the cause to whi	ch death should be charged at	tatistically.
Address Catons ville-28-Mary land			ary land	22. VIOLENCE: If death was due to external caus		
17 Burial		Date the	reof Jan 1 1919 (menth) (day) (year)	Accident, suicide, or homicide		
(Burial, cremation	or removal, Which	2)	(month) (day) (year)			
Cemetery or crematory Spring Grove State Hospital			State Hospital	Where did Injury occur?(City or town)		
Location Catonsville 28, Maryland				tnjured at home, farm, industry, public place (who	ere?)	
			tate Hospital	Means of injury	tnjured at work?	
				F whool		
	Catonsvill			23. SIGNATURE Isadore Tuerk	М.П.	
19. (Date rec'd by registrar) 1949 UE Harry Registrar			Efarre			
(Date rec'd by re	gistrar)		Registrar	Address Catonsville-28-Mar	J Lail Oafe signed L.	10/20



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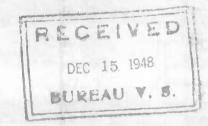
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CERTIFICATE OF DEATH

2411 N. Char	rlea St., Baltimore 1310
CERTIFICA	TE OF DEATH Rog. Dist. No. 37
1. PLACE OF DEATH: County City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospilei, institution, or street eddress where doath occurred: How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or fown. (If outside city or town limits, write RUEAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If vateran, name war.
3. (a) FULL NAME anie Speed	3. (b) Social Security Number
4. Sex 5. Colored S.(a) Single, merried, widowed, or divorced Colored Widowed	MEDICAL CERTIFICATION 20. DATE DE DEATH 20. DATE DE DE DEATH 20. DATE DE DE DEATH 20. DATE DE
8.(b) Name of husband or wife Speed 8.(c) If alive, give age year 7. Birth data of	21. I CERTIFY that death occurred on the dete above eleted; that I attended decessed from
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 78 8 24	Immediain cause of death OURATION Candio - Vascular rend Minery
9. Birthplace	Due to.
11. Industry or business 12. Name	- Dithar conditions
14. Maidon name	(Include pregnancy within 3 months of death) Major findings of operations. Date of op.
18. Informant Greek Speed Address Spaules and	Autopsy results
17. (Burial, cremation, or removal, Which?) Cometery or crematory. Cometery or crematory. Company of the control of the con	22. VIOLENCE: If death was due to external causes, till in the following: Accident, suicido, or homicide
Location Caba Rd, Cockeysulle, mo	
Address Sgarles, md. 18. Dec. 11, 19.48 Wilmer C. Ensor (Date rec'd by registrar) Registra	23. SIGNATURE Address. Parleton, and Bato signed 12/11/4

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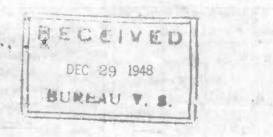
PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

					a mm.	
1. PLACE OF DEATH	10			2. USUAI. RESIDENCE (HOME) OF DECEA	SED:	
City or town (If outside city or town limits, write RURAL and give nearest town)				State Kansas County		
			URAL and give nearest town)			
How long in above place of c	leath? 145	days	•••••	City or town Arkansas City (If outside city or town limita, write RU	RAL and give nearest town)	
Hospital, Institution, or stre				Street No. 220 W. Linden Street		
			nd	tif rural, give LOCATIO. WW I	N)	
	titution??	145 Q8	ys.	namedia strafficana. A mining		
3. (a) FULL NAME		7.7	Q# 1700	3. (b)	Social Security Number	
N	DRVILLE	н.	STAIRS			
4. Sex 5.	Color or race	6.(a)Singl	e, married, widowed, or divorced	MEDICAL CERTIFI	CATION	
Male	White	V	Vidowed .	20. DATE OF DEATH December 26.	19 48 31 5 245 PM m	
6.(b) Name of husband or t	Decea	sed		21. I CERTIFY that death occurred on the date above stated;		
6.(0) Name of nusuanu of t	W116)	August 13, 10.48 10	Dec. 26 19 48	
7. Birth date of	W		c) If alive, give ageyears	and that t last saw him alive on December	26, 10.48	
deceased (mo., day, yr.)	Marcon	0, 130.	L. It less than one day	Immediate cause of death	DURATION	
8. AGE: Years	Months 9	Days		Malignant brain tumor		
47	9	18	hrs min.		plus	
9. Birthplace Okli	ahoma	, county, and		Due to		
		, county, and	atate)			
10. Usual occupation	ocanian		••••••	Due to		
t1. Industry or business						
12. Name Unk	nown			Other conditions		
13. Birthplace				(Include pregnancy within 3 months of	daath	
H 14. Maiden name	nknown			Major findings of operations.		
F	nsas			Major findings of operations.		
16. Interment Clini	ool Reco	rde		Actopsy results none		
			F 2 363	PHYSICIAN: Please underline the cause to which death	should be charged statistically.	
Address VOTS a	Adm. Hos		rt Howard, Md.	22. VIOLENCE: It death was due to external causes, till in	the tollowing;	
17. Remov	al	Date the	(month) (day) (year)	Accident, suicide, or homicide,		
				Where did Injury occur?(City or town)		
Cemetery or crematory						
			Downing Mortuary).			
18. Funeral director	ward Bli	gh t		Meens of Injury	njured at work?	
			altimore, Md.	1 th Platal		
× .	-	X	- 1 hacker	23. SIGNATURE POPERT PARKER, M. D.	M, D. or other	
19. 2 2/	- 1948	~	Registrar			
(Date Lec o by Lekia)			Tec g to et at	Manicas margaran Tanana mana margarate da Aministration		



MOTOR AND ADDRESS.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

CERTIFICATE OF DEATH

Dist. No. 30

45	MA-Y-Y		OBICTAL TOLL	Reg. Dist. No	
1. PLACE OF DEA				2. USUAL RESIDENCE (HOME) OF DECEASED: (Fig. proviors infants give residence of mother)	
County			ryland RURAL and give nearest town) 10. 14 das. ed: (ospital	Slate Maryland Couoly City or town Baltimore (If outside Constitution Cite RURAL and give no Street No. 120 S. Cappello Street (If rural, give LOCATION) 2.(a) If veteran, name war.	arest town)
		yrs.	TMO. 14C88	B	
3. (a) FULL NAME	Stallkamp			3. (b) Social Security	Number
4. Sex female	5. Cotor or race white	6.(a)Sin	gie, married, widowed, or divorced widowed	MEDICAL CERTIFICATION 20. DATE OF DEATH. December 1, 19. 48	3.,at 5.245p.n
6.(b) Name of husband or wifeJohn Stallkamp		(c) If alive, give ageyear	21. I CER7ify that death occurred on the date above stated: That I attended dec October 17. 19. 48. 10. December	eased from 19.48	
deceased (mo., day, y 8. AGE: Years 76		28, Days	It less than one day	Terminal broncho pneumonia	DURATION 24 hours
9. Birthplace		i atate)	Due to Arteriosclerotic heart disease	indefinit	
10. Usual occupation	None			Due to. Arteriosclerosis, generalized	90
12. Name	Maryla	nd	у	Other conditions	
Sophie Ridder 14. Malden name Germany 15. Birthplace		ler	(Include pregnancy within 8 months of death) Major findings of operations		
16. Intermant			cord Maryland		
17. Burian, cremation	laf		ereof. 200 3/48 (month) days (year)	22. VIOLENCE: It death was due to external causes, fill in the following; Accident, suicide, or homicide	
Cemetery or cremato	Philip	DA	annel fins	Where did Injury occur?	(State)
18 Funeral director	2024/6	ull	and Al	Meens of injury trijured at work?	
Address	11	-	7	23. SIGNATURE Isadore Tuerk, M.D.	
19. (Day: rec'd by r	2/48 gistrar)	. Ce	Registra	Catonevilla 20 Ma	12/1/48

WITH UNFADING INK. Supply every item of information carefully. The correct age important. Physicians: please write the causes of death clearly and legibly.

WRITE PLAINLY, is especially

PLEASE

VS A15

MARGIN RESERVED FOR BINDING

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

940

12275

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Virginia County
City or town	City or town Richmond
How long in above place of death?	(if outside city of town limits) write HURAL and give nearest town) Street Nn 4306 ary 1. Foad
19 W. Penna. Ave.	Street No. (If ruro, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Helen Cecil Stary	3. (b) Social Security Number
Final White Nidowed or divorced White Nidowed or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH. 20. DATE OF DEATH. 21. 10-39 A.M.
5.(b) Name of husband or wife Thomas Wexander Stanford	21. I CERTIFY that death occurred on the date above stated; that f attended deceased from
6.(c) If alive, give age	19. , 10
7. Birth date of deceased (mo., day, yr.) Syst. 16, 1880	and that I last saw h
8. AGE: Years Months Days If less than one day	Immediate frame of death Alan Marin Surface
68 3 17hrs. min.	Vertical
9. Birthplace	Due to
10. Usual occupation Natures wife	
11. Industry or business from honke	Due to
12. Hame	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Trances levy	Major findings of operations.
\$ 15. Birthplace Seefford Varguria	Date of op.
16. Informant Cecil Slauford (daughte)	Actors results
Address Monthlore, Mar.	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Date thereof Let. 24, 1948 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Greenmount Crematory	Where did injury occur? (City or town) (County) (State)
Location freeumount Ave. Balto, Md	Injured at home, farm, industry, public place (where?)
18. Funeral director John Burne: Sono	Meens of Injury Injured at work?
Address Towson Deed	(Kollin Co. Gudson MD. DME.
Man 24th 1948 (PO) MELLEN DI	Z3. SIGNATURE M. D. or other
(Date ree'd by registra (1)	Address Date signed D133 48

WRITE PLAINL
18 especia

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: County Baltimore Cily or town Fullerton (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: How long in hospital or institution? 3. (a) FULL NAME JOSEF STASTNY 4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced	2. USUAL RESIDENCE (HOME) OF DECEASED: (For pewhorn infants give residence of mother) Md County Baltimore City or town (if outside city or town limits, write RURAL and give nearest town) Street No. (if rural, give LOCATION) 2.(a) If veleran, name war. 3. (b) Social Security Number None MEDICAL CERTIFICATION
Male White Widow	20. DATE OF DEATH Dec . 5, 1948 19
6.(b) Name of husband or wife Katerina 5.(c) If alive, give age years 7. Birth date of	20. DATE OF DEATH
deceased (mo., day, yr.) 8. AGE: Years Months Oays If less than one day 92 7 28 hrs. min. 9. Birthplace Bohemia Austria (Town, county, and atate) 10. Usual occupation Tagent retired (Town, county, and atate) 11. Industry or business Md Bible Society 12. Name Josef Stastny 13. Birthplace Ohemia Austria 14. Maiden name (Unknown) Zelanka 15. Birthplace Bohemia Austria 16. Informant Helen S. Manzke Address 7731 Belair Road 17. Burial (Burial, cremation, or removal, Which!) Oak Hill 18. Funeral director William Cook Inc Address 1217 St. Paul	Due to Due to Due to Due to Circlude pregnancy within 3 months of death) Major findings of operations Date of op Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury injured at work?

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charfes St., Baltimore

CERTIFICATE OF DEATH 93a

Reg. Dist. No. 42

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infant@give residence of mother)
COUNTY	State Maryland county Battimore
City or town (It outside) ity or town limits, write RURAL and give nearest town)	City or town Richgewood
Now long in above place of death?	City or town
	Street No. 4408 (Lydral, give LOCATION)
New long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Crust W. Stevenson	
4. Sec 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male White married	20. DATE OF DEATH LORE 6 19/5 at 310 2 M
8.(b) Hame of husband or wife. Mary Steet & Stevenson	21. I CERTIFY that death occurred on the date above stated; that f attended deceased from
6(c) If all the give age years	Del. 1948, to See. 6. 1948.
7. Birth date of deceased (mo., day, yr.) Level 6 - 1869	and that I last saw h
8. AGE: Years Molhs Days If less than one day	fumediate cause of death
79 6min.	Sulval Munton 5 days.
	a la A. C. L.
9. Birthplace (Town, county, and state)	Bue to All Systems to Service All Market
10. Usual occupation. Released	Due to
11. Industry or bosiness	G
12 name William W Stevenson	Diher conditions flewlety
\$ 13. Birthplace Maryland	
14. Maiden name. Swinh Stall	(Include pregnancy within 3 months of death)
14. Maldes name	Major findings of operations.
M. Culland P. I. P.	Date of op.
Address 4408 A Charles Cive	Autopsy results PHYSICIAN: Pfease underline the cause to which death should be charged statistically.
M 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	22. VfOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or remoyal, Which?) Date thereof. 12 (Month) (day) (year)	Accident, suictde, or homicide
Cometery or crematory of less of assess Course	Where did injury occur?
Location	Injured at home, farm, Industry, public place (where?)
18. Funeral director Charles P. Towell	Means of injury Injured at work?
Address 94.17 En surved con Bus	Ja 7
Day of ile and the land.	23. SIGNATURE M. D. or other
19	Address 400 M. Gayson In Bate signed 12/4/48

Dr Mc Loughlin 400 N Poyson St.

1. PLACE OF DEATH:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93 d

2. USUAL RESIDENCE (HOME) OF DECEASED:

12278

CERTIFICATE OF DEATH

Reg. Dist. No.....

City or town (Iroutside city or town limits, write NURAL and give nearest town) How long in above place of death? How long in hospital or institution, or street address where death occurred: How hong in hospital or institution? 3. (a) FULL NAME JAMES STEWART 4. Sex 5. Color or race 5.(a) Single, married, widowed, or divorced Male White Married E. (b) Name of busband or wife Elma E. Stewart 1. Birth date of deceased (mo., day, yr.) Jan. 24 th. 1882 8. AGE: Verra Months Days If less than one day 66 10 25 hrs. min. 9. Birthplace Ireland 11. Industry or business Hill Company 12. Name William Stewart Sr. 14. Maiden name Elizard Elizard 15. Birthplace Ireland 16. Major fixedings of operations 17. Birthplace Ireland 18. Major fixedings of operations 19. Birthplace Ireland 19. Birthplace Ireland 10. Usual occupation Ireland 11. Industry or business Ireland 12. Name Elizard Ireland 13. City or town Hill ethorpe City or town Hill ethorpe (Iroutside city or town limits, write RURAL and give nearest town) Street No. Sizeth No. (If rural, give LOCATION) Street No. Male thorpe (If rural, give LOCATION) Street No. MEDICAL CERTIFICATION 20. Date Of DEAN December 19 th. 48 15:1 21. I CERTIFY that death occurred on the date above plated; that I stranded deceased from 10. Usual occupation Industry or business 11. Industry or business 12. Name William Stewart Sr. 13. (b) Social Security Number 21. I CERTIFY that death occurred on the date above plated; that I stranded deceased from 22. 1. I CERTIFY that death occurred on the date above plated; that I stranded deceased from 23. (a) Fund of the strends	Baltimore Baltimore	(For newborn infants give residence of mother)	
(if outside city or town limits, write RURAL and give nearest town) How long in abosplate of death? Now long in abosplate or institution, or street address where death occurred: 3. (a) FULL NAME JAMES STEVART 3. (b) Social Security Number 215-09-9599 4. Sex S. Color or race 6. (a) Single, married, widowed, or diverced Male White Married 6. (b) Name of busband or wife Elma E. Stewart 3. (b) Mare of busband or wife Stewart 5. (c) It alive, give age 5. (c) It alive, give age 5. (c) It alive, give age 5. (d) Round of busband or wife Fland (Town, county, and state) 10. Usual occupation. 11. Industry or business Fill Company 12. Name William Stewart Sr. 13. Birthplace Fland (Town, county, and state) 14. Maidee name Fland (Treel and (Tre	Hoht hanna	State Maryland county Baltimore	
Street No.	(If outside city or town limits, write RURAL and give nearest town)		
Street No. (If rural, give LOCATION)		(If outside city or town limits, write RURAL and give nearest town)	
How tong in hospital or institution? 3. (a) FULL NAME JAMES STEWART 3. (b) Social Security Number 215-09-9599 4. Sex			
3. (a) FULL NAME JAMES STEWART 4. Sex JAMES STEWART 5. Color or race Male White Married Married Stewart 5. (b) Name of husband or wife. Elma E. Stewart 1. Birth date of deceased (mo. day, yr.) AGE: Vears Months Jays It less than one day Stewart 10. Usual occupation. I reland Town, county, and state) 11. Industry or business Hill Company 12. I company MEDICAL CERTIFICATION December 19 th. 48 at 5:1 21. I CERTIFITY that death occurred on the date above styled; that I strended deceased from 19 th. 19 to 19			
JAMES STEWART 4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced Married Male White Married 6. (b) Name of husband or wife Elma E. Stewart 7. Sirih date of deceased (mo., day, yr.) Jan. 24 th. 1882 8. AGE: Years Months Days If less than one day 66 10 25 mrs. min. 9. Birthplace Ireland (Town, county, and state) 10. Usual occupation 11. Industry or business Hill Company 11. Industry or business Hill Company 12. Name William Stewart Sr. 13. Birthplace Ireland 14. Maiden name Eliza Dilworth 15. Birthplace Ireland (Include pregnancy within 3 months of death) Major fiadings of operations. Date of op. Date of op.		2.(a) If veteran, name war	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION Male White Married S.(b) Name of husband or wife Elma E. Stewart S.(c) It alive, give age 58 years deceased (mo., day, yr.) Jan. 24 th. 1882 S. AGE: Years Months Days If less than one day S. Birthplace Treland Troya, county, and state) 10. Usual occupation. 11. Industry or business Milliam Stewart Sr. 12. Name William Stewart Sr. 13. Birthplace Ireland 14. Maiden name Eliza Dilworth 15. Birthplace Ireland (Include pregnancy within 3 months of death) Major fiadings of operations Data of op. Data of op. MEDICAL CERTIFICATION MEDICAL CERTIFICATION MEDICAL CERTIFICATION MEDICAL CERTIFICATION December 19 th. 48 15:1 21. I CERTIFICATION December 19 th. 48 15:1 21. I CERTIFICATION December 19 th. 48 15:1 21. I CERTIFICATION December 19 th. 48 15:1 22. DATE DF DEATN. December 19 th. 48 15:1 23. DATE DF DEATN December 19 th. 48 15:1 24. I CERTIFICATION December 19 th. 48 15:1 25. Language Stewart			
Male White Married 6.6) Name of husband or wife Elma E Stewart 5.6(c) It alive, give age 58 years deceased (mo. day, yr.) Jan. 24 th. 1882 8. AGE: Years Months Days If less than one day 66 10 25 hrs. min. 9. Birthplace Treland 10. Usual occupation 11. Industry or business Hill Company 11. Industry or business Hill Company 12. Name William Stewart Sr. 13. Birthplace Ireland 14. Maiden name Eliza Dilworth 15. Birthplace Ireland 16. Married 20. DATE DF DEATN December 19 th. 19 48 15:1 21. I CERTIFF) that death occurred on the date above stated: that I attended deceased from 19 th. 19 48 15:1 21. I CERTIFF) that death occurred on the date above stated: that I attended deceased from 19 th. 19 48 15:1 21. I CERTIFF) that death occurred on the date above stated: that I attended deceased from 19 th. 19 48 15:1 21. I CERTIFF) that death occurred on the date above stated: that I attended deceased from 19 th. 19 48 15:1 21. I CERTIFF) that death occurred on the date above stated: that I attended deceased from 19 th. 19 48 15:1 21. I CERTIFF) that death occurred on the date above stated: that I attended deceased from 19 th. 19 48 15:1 21. I CERTIFF) that death occurred on the date above stated: that I attended deceased from 19 th. 19 48 15:1 21. I CERTIFF) that death occurred on the date above stated: that I attended deceased from 19 th. 19 48 15:1 21. I CERTIFF) that death occurred on the date above stated: that I attended deceased from 19 th. 1			
6.(b) Name of husband or wife. Elma E. Stewart 6.(c) It alive, give age. 58 years 7. Birth date of deceased (mo., day, yr.) Jan. 24 th. 1882 8. AGE: Years Months Days If less than one day Months Due to Du	5. Color or race 6.(d) Single, married, widowed, or divorced		
58 years 1. Birth date of deceased (mo., day, yr.) Jan. 24 th. 1882 8. AGE: Years Months Days If less than one day 19 19 19 19 19 19 19 1	Male White Married	20. DATE OF DEATH December 19 th. 19 48 31 5:10P	
7. Birth date of deceased (mo., day, yr.) Jan. 24 th. 1882 8. AGE: Years Months Days If less than one day 66 10 25 hrs. min. 9. Birthplace Ireland Due to) Name of husband or wife Elma E. Stewart	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from	
7. Birth date of deceased (mo., day, yr.) Jan. 24 th. 1882 8. AGE: Years Months Days If less than one day 66 10 25 hrs. min. 9. Birthplace Ireland (Town, county, and state) 10. Usual occupation. Hill Company 11. Industry or business Hill Company 12. Name William Stewart Sr. Other conditions 13. Birthplace Ireland 14. Maiden name. Fliza Dilworth 15. Birthplace Ireland Flima F. Stewart (Wife) Duand that Vast say V. H. allye on 19. Immediate cause of death. Durant Immediate cause of death. Due to. Other conditions (Include pregnancy within 3 months of death) Major fiadings of operations. Date of op.	S.(c) If alive, give age 58		
8. AGE: Years Months Days If less than one day	irth date of	and that viast say by I malive on 19 40	
9. Birthplace Ireland 11. Industry or business Hill Company 11. Industry or business Ireland 12. Name William Stewart Sr. 13. Birthplace Ireland 14. Malden name Eliza Dilworth 15. Birthplace Ireland Fig. 8. min. Culto Castle Factors Due to. Due to.		Immediate cause ol death	
9. Birthplace Ireland 10. Usual occupation Industry or business Hill Company 11. Industry or business Hill Company 12. Name William Stewart Sr. 13. Birthplace Ireland (Include pregnancy within 3 months of death) Major fiadings of operations Due to Caralla Vascular due (Include pregnancy within 3 months of death) Major fiadings of operations Date of op.	CC 30 0F		
10. Usual occupation. 11. Industry or business Hill Company 12. Name William Stewart Sr. 13. Birthplace Ireland 14. Malden name Eliza Dilworth 15. Birthplace Ireland Teland Due to. Each Vascular due to the conditions (Include pregnancy within 3 months of death) Major findings of operations. Date of op.		www and the factor fuller	
10. Usual occupation. 11. Industry or business Hill Company 12. Name William Stewart Sr. 13. Birthplace Ireland 14. Malden name Eliza Dilworth 15. Birthplace Ireland Teland Due to. Each Vascular due to the conditions (Include pregnancy within 3 months of death) Major findings of operations. Date of op.	dirthplace	Due to	
11. Industry or business Hill Company 12. Name			
12. Name William Stewart Sr. Other conditions	E477 Commons	Due to Cardes Vascular due	
14. Malden name Fliza Dilworth 15. Birthplace Ireland Major findings of operations Date of op. Date of op.	(magatify of basiness	- Om-	
14. Malden name Fliza Dilworth 15. Birthplace Ireland Major fiadings of operations. Date of op.	12. Name William Stewart Sr.	Other conditions	
14. Malden name Fliza Dilworth 15. Birthplace Ireland Major fiadings of operations. Date of op.	13. Birthplace Ireland		
Fine F Stowert (Wife)	14 Maiden name Eliza Dilworth		
Fine F Stowert (Wife)	tral and	Major fiadings of operations.	
16. Informant Antopsy results. PHYS1CIAN: Please underline the cause to which death should be charged statistically.	informant Elma E. Stewart (Wife)	Antopsy results.	
Address 5558 Link Ave. Halethorpe			
Puniol	Burial Date thereof Dec. 22/1948	22. VIOLENCE: If death was due to external causes, this in the following: Accident, suicide, or homicide	
		Where did injury occur? (City or town) (County) (State)	
Location	ocation Baltimore Maryland	Injured at home, farm, industry, public place (where?)	
18. Funeral director. F. B. WIPPERT & SON Mesne of Injury Injured at work?	Funeral director F. R. WIPPERT & SON	Mesne of Injury Injured at work?	
Address 1300 EUTAW PLACE 17		In Amtically	
23. SIGNATURE.	. 6		
	(Date ree'd by recistrar) (Registrar		



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MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

75 C 12330

1. PLACE OF DEATH: County Paltimore		2. USUAI. RESIDENCE (HOME) OF (For prowhorn infants give residence of m	DECEASED:		
City or town Ellicott City Mestchester Ave (If outside city or town limits, write RURAL and give nearest town)		Stata Maryland Couo	State Maryland county Raltimone		
(If outside city or fown limits, write RURAL and give nearest town) How long in above place of death?		Cily or lown Ellicott City (If outside city or town limits,	Cily or lown Ellicott City (If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or streat addraas where death o	occurred:	Straat No. Hollow Road and	Westchester		
How long in hospital or Institution?		2.(a) If veleran, nama war	2.(a) If veleran, nama war		
3. (a) FULL NAME	The figure is the state of the		3. (b) Social Security	Number	
Harry Verr	on Stokes		None		
4. Sax 5. Color er raca 8.(c	a)Single, marriad, widowad, or divorcad	MEDICAL CE	RTIFICATION		
M	Married	20, DATE OF DEATH & Ce _ G	14 48	110-20	
6.(b) Name of husband or wifa Grace Bro	wn Stokes	21. I CERTIFY that death occurred on the date above			
7. Birth data of	8.(c) If aliva, give agay				
daceased (mo., day, yr.) March 3	1878	and that I faat aaw haliva on		DURATION	
8. AGE: Yaara Months Da	aya If lass than one day		1		
70 9	6hrs		skull		
9. Birthplace	and state)	Due to.		***************************************	
10. Usual occupation General Util					
11. Industry or businasa	- Land Care Care Care Care Care Care Care Care	Due to			
		Исия	lut		
12. Name Unknown W			•••••••	***************************************	
		(Include pregnancy within 3 me	ontha of death)		
E 14. Maidan nama th		Major findings of operations			
16. Informant Mrs. Grace V. St.		PHYSICIAN: Please underline the cause to which		statistically.	
17. Burial Da (Burial, eremation, or removal. Which?)	ta thereof	22. VIOLENCE: If daath was due to axternal caus. Accidant, aulcide, or homicide	es, fill in the following:	lee 9. 48	
Camatary or cramatory Sta Johns	****	Whera did injusy occur?	(County)	(State)	
Location Ellicott City	NG	injured at home, farm industry, public placa (who	(2) Judud	4	
18. Funeral diractorF.GHiginbot	hom	Maans of Injust	Injurad at work?	7	
Addrasa Ellicott City		et le	1. 11 %	Replies	
19. 12-10 1148	VE Harry	23. SIGNATURE 1010 Keeds 0		or other	

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DEC 11 1948

BUREAU V. S.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

ltimore 93 d

1228142

CERTIFICATE OF DEATH

CERTIFICAT	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME 4. Sex 5. Color or rape 6. (a) Single, married, widowed, or divorced	3. (b) Social Security Number MEDICAL CERTIFICATION
Female White Wedged	20. DATE OF DEATH. Dec 31 19.4 21 4 M 21. I SERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wite	and that I last saw h last ve on Xe 3 18 XF
8. AGE: Years Months Days It less than one day 90 10 9 hrs. min. 9. Birthplace Borchester Co Mal	Immediate cause of death DURATION Due to Due to DURATION
10. Usual occupation	Due Cardo Virales deser
12. Name Rechard Swintlell 13. Birthplace Camber M. J.	Other conditions (Include pregnancy within 3 months of death)
14. Maiden name Charlotte Shenditoff 15. Birthplace Senna	Major findings of operations
Address Upt 157 Paller Village	Actopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:
17. Burial, cremation, or removal. Which?) Cemetery or crematory	Accident, suicide, or homicide
Location Mederal to Clark 18. Funeral director E. M. Januareau	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work?
Address 4370 Leberty Tyto Cove 19. Date reed by registrar) Registrar	23. SIGNATURE M. D. Godhor M. D. Godhor Date signed 191, 49



JAN 3 1949

BUREAU V. S.

1. PLACE OF DEATH:	2. USUAI. RESIDENCE (HOME) OF DECEASED: (For powhorn infants give residance of mother)		
county Baltimore	State Maryland County		
City or lown. Fort. Howard (If outside city or town limits, write RURAL and give nearest town)			
tow long in above placa of daalh? 51 days	City or town Baltimore (if outside city or town limits, write RURAL and give nearest town)		
Hospital, Instilution, or streat address where death occurred:	Streat No. 213 W. Mosher Street		
Vet. Adm. Hosp., Fort Howard, Maryland			
How long in hospital or institution? 51 days	2.(a) If valeran, nama war Will II		
3. (a) FULL NAME	3. (b) Social Security Number		
NATHANIEL BANKS TUCKER	Unknown		
4. Sax 5. Color or race 6.(a)Single, married, widowad, or divorcad	MEDICAL CERTIFICATION		
Male White Married	20. DATE OF DEATH. December 30 19.48 31.5:50 A.		
6.(b) Name of husband or wite. Mrs. Jean Tucker	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
6.(c) It alive, giva age	November 9 19 40 to December 30 19 48		
7. Birth date of	and that I last saw him aliva on December 30 18.48.		
	Immediata cause of death		
o. Adu.	EMBOLISM, PULMONARY Instan-		
41 8 15min.	taneous		
9. Birlhplace Baltimore, Maryland (Town, county, and state)	Due to Infarction of myocardium, due 5 years		
10. Usual occupation Tavern Keeper	to arteriosclerotic coronary		
	thrombosis, recurrent		
11. Industry or business			
12. Name Samuel Tucker 13. Birthplace Russia	Other conditions		
	(Include pregnancy within 8 months of death)		
14. Maldan nama Anna Mendelson 15. Birthplaca Russia	Major findings of operations.		
15. Birthplaca Russia	Data of op.		
16. Informant Clinical Records Vet. Adm. Hosp.	Antoney results None		
	PHYSICIAN: Please onderline the caose to which death should be charged statistically.		
Addrass Fort Howard, Maryland 17. Burial Date thereol Date 31/48	22. VIOLENCE: If death was due to external causas, till in the following:		
(Name of Companion of Company) Which?)	Accident, suicide, or homicide		
Camatery or cramator Hebreyor Washington, Road Comela	where did injury occur? (City or town) (County) (State)		
Washington Bland	Injurad at homa, tarm, Industry, public place (where?)		
Location Washington Jacob	Maans of Injury Injury Injured at work?		
18. Funaral diractorSolLevinson.&Bros	Made Villigery Injury I		
Address 1126 W. North Ave., Baltimore, Md.	N.C. Wasser		
(2/20 YP A.W. Hedric	4. H.C. MANAUGH, M.D., CHIEF PRO. SEMVICES		
19. (Date reed by registrar) Registrar	Address V.A.H., FORT HOLARD Date signad 230-4		

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MADVI	AND	STATE	DEPARTMENT	OF	HEALT
NAKII	. ANII	SIAIR	DEPAKLBURAL	Ur	TIL.AL.

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

	Reg. Ditt. No.	
1. PLACE OF DEATH: County	2. USUAI. RESIDENCE (HOME) OF DECEASED: (For rewhorn infants give residence of mother) Siate	
BERNARD LEROY /U	LLY	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Separated	MEDICAL CERTIFICATION 20, DATE OF DEATH. 12/3 19/8 21 7/P	
B.(ò) Name of husband or wife. Social falive, give age 42 years 7. Birth date of	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 11. 3.0	
deceased (mo., day, yr.) 8. AGE: Years Months Days Hiess than one day High High	Immediate cause of death Cardina Palusso Iday	
9. Birthplace (Town, county, and atate) 1B. Usual occupation delegation	Due to Chemic Culis was also divine with	
11. Industry or business 12. Name Dackimare 13. Birthplace Backimare	Other conditions Character al and the conditions (Include pregnancy within 3 months of death)	
14. Maiden name Mary & Dully 15. Birthplace Dalfonyare Shes less sh Smith	Major fiediogs of operations. Date of op.	
16. Informant Address 2728 Th. Mooker Oh 12 Durine Date thereot 12/7/48	Autopsy results	
(Buriol, cremotion, or removal Which?) Cemetery or crematory Location Location	Where did injury occur?	
18 Funeral director 13/8/ Light St	Means of Injury trijured at work?	
19. Loc C 1848 Q.w. Heled	23. SIGNATURE M. D. or other Address Spring Grove Hoggs: Date signed 12/3/48	

PLEASE WRITE

NS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12403 Reg. Dist. No. 4/

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
county Datting	Tuil Balt.	
(If outside city or town limita, write RURAL and give nearest town)		
How long In above place of death?	(If outside city or town timits, write RURAL and give nearest town)	
Hospital, Institution, or street address where death occurred:	Street NG 21 Fact are	
	(1f rural, give LOCATION)	
How long in hospital or institution?	2.(a) If veleran, name war	
3. (a) FULL NAME MAGARET WAS	3. (b) Social Security Number	
4. Sox 5. Color or race 6.(a) Signic, married, widowed, or divorced	MEDICAL CERTIFICATION	
Tomale White, Married	20. DATE OF DEATH December 19 1948 21 9 - AM	
6.(b) Name of husband or wite. Charles Walsh	2f. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
6.(c) If alive, give age	nor 22 1947 10 lelle 18 1978	
7. Birth date of	and that I last saw h	
deceased (mo., day, yr.) 8 A.G.F. Years Months Days It less than one day	Immediate cause of death	
8. AGE: Years Months Days It less than one day	aremansis 2 rimin	
24.1	Paran and Alt Mart 5 min	
9. Birthplace	Due to.	
10. Usual occupation Noul	Objection Talmela heart diouse 2 year	
11. Industry or business None	Due 10	
	Dither conditions	
12. Name Street 13. Birthplace Vulcyonova		
	(Include pregnancy within 3 months of death)	
14. Maiden name Lulenown 15. Birthplace Mulenown	Major findings of operations	
15. Birthplace	Date of op	
16. Informant Wes Charles Walsh	Autopsy results.	
Address 6521 Fait are	PHYSICIAN: Please underline the cause to which death should be charged statistically.	
BURIAL Date therent /2/22/48	22. VIOLENCE: If death was due to external causes, fill in the following;	
11. BURIAL Date thereof (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory LOYDIN PARK	Where did Injury occur?	
Location FREDERICK RD.	Injured at home, farm, Industry, pub ¹¹ c place (where?)	
18. Euneral director SOHN F. DENNY, INC.	Msans of injury Injured at work?	
Address 7/5 LIGHT 57 -30	Savid H. andrew Mr. D.	
1 Jen 21 " 48 a. W. Hedrick.	23. SIGNATURE. M. D. or other	
(Date rec'd by registrar) Registrar	Address 2 Musing to Kumana 22 Date signed 12/18/40	

WRITE PLAIN

PLEASE

NS

1. PLACE OF DEATH:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED:

eg. Dist. No.

County Rall	Fimore			(For newborn infants give residence of	mother)	
County Baltimore Fort Howard		State Maryland Couply				
City or town Fort Howard (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 2 Days		D-74:				
Hospital, institution, or	ution, or street address where death occurred:					
			Howard, Md.	(If rurai, give	LOCATION)	
How long in hospital or	r Institution? 2 Da	ys	***************************************	2.(a) II veteran, name war	***************************************	
3.(a) FULL NAM					3. (b) Social Security	
01(0) : 0 = 111111						IV MIND DEL
	CHARL	ES H.	WATTS gie, married, widowed, or divorced		Unknown	
4. Sex	5. Caior ar race	6.(a)5in	gie, married, widowed, or divorced	MEDICAL CE	ERTIFICATION	
Male	Colored			20. DATE OF DEATH December 2,	19.48	,at 2:25A. m
a /l) w	Tan	cinda	Watts	21. I CERTIFY that death occurred on the date abo		
B.(0) Mame of nusband	or wite		38	November 30,	8 December	2 19.118
7. Birth date of		В.	(c) If alive, give age 38 year	and that I last eaw h i.m alive on Dec		
deceased (mo., day,)	_(r.) 7–23–	90		Immediate cause of death		
8. AGE: Years		Days	If lexs than ons day	MILIARY TUBERCULOSIS		
51	8 4	9	hrs, min.			
a Birthaless Ra	timore. M	id .				
			l state}			
10. Usual occupation	Unemploy	ed			Due fo.	
11. Industry or busines	2					
		123 144	^	Other conditions None		
	Virginia			Uther conditions	***************************************	***************************************
		** 5		(Include pregnancy within 8 n	nonths of death)	
			S			
E 15. Birthplace	Essex Coun	ty, Va	•	Major fieldings of operations		
	inianl Das	anda	Water Adm War	Astopsy results Substantiated above		
16. Interment			Vets. Adm. Hosp.	PHYSICIAN: Please underline the cause to wh		
Address	Fort Howa	ra, Ma	ryland	22. VIOLENCE: If death was due to external cau		
17. Burial		. Date the	reof 12/1/18 (month) (day) (year)	Accident, sulcide, or homicide		
Cemetery or cremato	ryBaltimor	ce Nati	ional Cemetery	Where did injury occur? (City or town)	(County)	(State)
Location	Baltimor	me , Md	8	tojured at home, farm, industry, public place (wh	here?)	
					injured at work?	
				li de la companya de		
Address 002 M	ladison Ave	B. RaT.	to. Ma.	23. SIGNATURE 14.0. Wana H. C. MA NAUGH, M.D., CHI	ugh	
" Des	43, et	8	aw Halu	H.C.MANAUGH, M.D., CHIL	EF, PROFESS TOPA	PUBERV .
(Date rec'd by re	gistrar)		Registrat	Address VAH Ft. Howard, 1	Md.aDate signed	12/3/48 7

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The constant is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

	Reg. Diat. No.	
1. PLACE OF DEATH: Baltimore,	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother)	
City or town. Woodlawn (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 67 yrs in Maryland (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give near (If outside city or town limits, write RURAL and give near Street No. 3479 Meadowside Ave. (If rural, give LOCATION)		
How long to hospitat or institution?	2.(a) If vetoran, oame war	
3. (a) FULL NAME Helen Wegeng	3. (b) Social Security Number	
female white Widow 6.(a) Singlo, married, widowed, or divorced Widow	MEDICAL CERTIFICATION 20, DATE OF DEATH December 13, 19 48 21 //	
6.(6) Namo of husband or wife. August Wegeng	21. I CERTIFY that death occurred on the date above stated; that I atlanded deceased from 18.38, to 12/, /3 - 19.48	
7. Birth date of doceased (mo., day, yr.) August 8, 1857	and that I last saw h. C.T. alive on 12/13 - 1948 Immediate cause of death DURATION	
8. AGE: Yoars Months Days If less than one day 91 4 5	arterio sclerosis :	
9. Birthplace	Duo to	
12. Name Joseph Pranke, 13. Birthplace Germany,	Bther conditions	
14. Maiden name unknown, 15. Birthptace Germany.	(Include pregnancy within 3 months of death) Major findings of operations	
16. Informant Miss Margaret Wegeng, Address 3479 Meadowside Ave.	Autepsy results. PHYSICIAN: Please underline the cause to which death should be charged stafistically.	
formation of removal. Which?) Date thereof. 12/16/48 (month) (day) (year) Cometery or crematory. Woodlawn., Location Woodlawn., Balto. Co., Md., 18. Funoral director. 2 Prints. Seminar.	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide	
Address 4611 Park Heights Ave., Balto.Md. 19. 12 / 5 19 48 A. Li. Hedred (Dute rec'd by registrar) Registrar	23. SIGNATURE CEGELLE SELLEN, M. D. or other Address 2739 Eastern Ave. Bato signed 12/15/48	

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A15 VS

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore CERTIFICATE OF DEATER.

CERTIFICATE OF DEATH

Reg. Diat. No. 30

1. PLACE OF DEATH: County Baltomore Catonsville City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 12 years, 6 months, 2 days. Hospital, Institution, or street address where death occurred: Spring Grove State Hospital How long in hospital or institution 12 years, 6 months, 2 days.	State Maryland County City or town Baltimore (If outside city or town limits, write RURAL and give nearest town) Street No. 412 East Lafayette Street (Ifrural, give LOCATION)	
3. (a) FULL NAME (Frances) Ella F; Weinerich	3. (b) Social Security Number	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Widowed	MEDICAL CERTIFICATION 20. DATE OF DEATH DOCUMENT 26, 1948 19 21 11 And 19 21 11 An	
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from June 24, 1936	
8. AGE: Years Months Days It less than one day	Immediato cause of death OURATION Pyaonia - undiagnosed 18 da	
9. Birthplace Balto. Maryland (Town, county, and state) 10. Usual occupation. Housewife 11. Industry or business Home 12. Name William W. Wharton 13. Birthplace Balto. Maryland	Due to Arteriosclerotic kidney disease - Indef Arteriosclerotic heart disease Due to Genralized erteriosclerosis " Hypertensive C-V disease " Other conditions	
14. Malden name Mary Jane Craig 15. Birthplace Balto-Maryland 16. tnformant Hospital records	(Include pregnancy within 3 months of death) Major findings of operations. Date of op.	
Address Catonsville, 28, Maryland Burial Date thereot 12/28/48. (Burial, cremation, or removal, Which?) Cemetery or crematory. Greenmount Cema Location Balto, Md. 18, Funeral director. WM. J. TICKNER & SONS Address Balto, Md.	Autopsy results	

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF WEATH Co. Med.	2. USUAL RESIDENCE (I-IOME) OF DECEASED: (For newporn Infants give residence of mother)
COUNTY	ma Dalle
(If outside city or town limits, write RURAE and give nearest town)	State County County
How long in above place of death? — Suddler	(If outside city or town timits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred;	(If dutable city of the whatis, write KOKAL and give next set (own)
	Street No. (If rura) dvg/LOCATION)
	1. 1/1 /1/ a. T
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Colar or race 6. (a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male Colines Vinde	
man a lang a	20. DATE OF DEATH Dec. 3 19.48 at 1142 P. M
6,(b) Name of husband or wife.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	19, to
7. Birth date of	end that I last saw hallve on
deceased (mo., day, yr.) CPUI, 1901	• 1 -1:
8. AGE: Years Months Days If less than one day	-1: -1: 11: 12: 13: 13: 13: 13: 13: 13: 13: 13: 13: 13
42 × 26	Mys 1 fred Mys and Mys
Their dellar of the	The state of the s
9. Birthplace (Jown, coupty, and state)	Due to My CAMMILIANA.
10. Usual occupation. Jubercy	***************************************
11. Industry or business Myrument & March & Strong.	Due to
# 12 Name Jours VIlor.	Other conditions.
12. Name. Jame View.	Glief Conditions
	(Include pregnancy within 3 months of death)
14. Malden name.	Major findings of operations.
15. Birthulace Vingenia	Date of op.
18. Informant hus Villian Vigle	Autopsy results
1 2 - I I A THE	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 650 Exerge V. Kalling	AN TYPOT PROOF 14 de la contraction de la contra
17 Beriaf Date thereof Dec. 8, 1948	22. VIOLENCE: If death was due to external causes, fill in the following:
(Barial, cremation, or removal, Which?) (Barial, cremation, or removal, Which?) (Barial, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory Sullimine Ray C.	Where did injury occur?
Location Saltingol, Ind.	Injured at home, farm, Industry, public place (where?)
hus have and the M	Mead of Injury Strucking outs Injured at work? No
18. Funeral director.	DA 011 1 100 THE
Address / 63/ Wring Tall live.	23. SIGNATURE To line. Auglan M. M.E.
18 48 augus	M. D. or other
(Date rec'd hy registrar) Registrar	Address Date signed 77/45.

FOR BINDING

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MARGIN

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

930

12288

Cromwell CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH: Crownwell Budge Rd.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants givs residence of mother)	
City or town	State Mass Ceuoly	
	City er town Neullau Mars	
How long in above place of death?	(1f outside city or town limits, write RURAL end give nearest town) 70 Oakdale Road	
	Strent No. (If rural, give LOCATION)	
How long in hespital or institution?	2.(a) it veteren, name war	
Boyd,	3. (b) Social Security Number	
4. Sex 5. Color or race 8.(a)Single, married, widowed, er diverced	MEDICAL CERTIFICATION	
M. W. sugle	20. DATE OF DEATH December 4 10 48 01 9. 30 M	
	21, I CERTIFY that death occurred on the date above stated; that I attended disceased from	
6.(b) Namn ef husband er wife	June 2 19 47, 10 Dec 4 19 48	
7. Birth date of 4 10 1000	and that I last naw h	
7. Birth date of deceased (mo., day, yr.) Feb. 19, 1889		
8. AGE: Years Months Dayn If lenn thon ene day	= Immediate cause of death DURATION	
59 9 15hre.	in. Chronory Fluoudous 45 new	
8. Birthplace DEG Law, Mass. (Town, county, and state)	Dun to Coronary Sclerosis delefante	
The set they Manager.		
10, Usual occupation	Z Dun to	
11. industry or business We tropolitan Transportation Huther	<u>[4]</u>	
12. Name James C. Whiting Botong	Dethor conditions may or and allo . Dullefruits	
0	(Include pregnancy within 3 months of desth)	
E 14. Maiden name	Major findings of operations	
2 15. Birthplace Troton, Wass	Date of op.	
Wr. John B. Hiss	Antopsy results	
16. Informant	PHYSICIAN: Please underline the cause to which death should he charged statistically.	
Address Tropon well Bridge Wd - Ma.	22. VIOLENCE: If death wine due to external causes, fill in the following:	
(Burial, cremation, or removal, Which?) Data thereot (month) (day) (year)		
(Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or hemicide	
Cemetery or company Brookdale	Where did injury occur?	
Dedham Mass.	Injured nt homn, tarm, Industry, public place (where?)	
Location		
18. Funeral director, Wm J. Jicknyr + Wons	Mnane of Injury tnjured at work?	
Address Worth and Par force - Baltaing	20 SIGNATURE Notwained Mr Beck min	
6/100 10 118 HH-VINLEDEN ON 1/2	M. D. or other	
(Date rec'd by registrar)	at Address 1007 231dst / se / tolkede signed Dec Sta-4	

RECEIVED

JAN 3 1949

BUREAU Y. S.

RECEIVED

JAN 3 194.

BUREAU Y. &

2411 N. Charles St., Battimore

		Charles St., Baltimore	Dist. No. 30		
1. PLACE OF DEATH:	CERTIT	Rog.			
Causty		State Maryland County Ch City or town Issue (If outside city or town limits, write RUR/	2. USUAL RESIDENCE (HOME) OF DECEASED: (For rewhorn infants give residence of mother) State Maryland County Charles City or town Issue (1f outside city or town limits, write RURAL and give nearest town)		
Spring Grove	State Hospital	Street No			
3. (a) FULL NAME	William T. Wills	3. (b) So	3. (b) Social Security Number		
4. Sei 5. Color or ra		MEDICAL CERTIFIC 20. DATE OF DEATH. December 1			
6.(b) Name of husband or wife		21. I CERTIFY that death occurred on the date above stated; the	it i attended deceased from		
T Distinguished	6.(c) If alive, give age	and that I last saw h. 1111. alive on Decomber	19.48		
8. AGE: Years Months 88 ?	Pays If less than one day	Cerebral vascular acoid	ent 9 days		
1D. Usual occupation	aryland (Town, county, and state)	Due to Hypertensive cardiovase disease with arteriosel Due to generalized	arosis.		
	Wills.	Other conditions Estropion palpebrae			
14. Maiden name. ?			(Include pregnancy within 3 months of death) Major findings of operations.		
16. Informant Ho	ospital records	PHYSICIAN: Please underline the cause to which death sho			
Address 17 BURIAL (Burial, cremation, or removal.	Date thereof. Dec. 3'S (month) (day) (y	22. VIOLENCE: IT death was due to external causes, all in the			
Cemelery or crematory NEW CATHEDRAL Location OLD FREDERICK RD		Where did injury occur?	County) (State)		
18 Funeral director Many	H with		red at work?		
Address 4/0/ Ell. 18. /2 - 2 - 48 18. (Date rec'd by registrar)	7/0/11	23. SIGNATURE Isadore Tuerk, M.D.			

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DEC 6 1948
BUREAU V. S.

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PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12290

CERTIFICATE OF DEATH

g. Diat. No. 40

1. PLACE OF DEA	ATH:			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	TS	
County Bartimore Fort Howard, Maryland				State Maryland County	-d	
City or town Fort Howard, Maryland (If outside eity or town limits, write RURAL and give nearest town)				City or town Glen' Arm (If outside city or town limits, write RURAL and give nearest town)		
How long in above place of death? 121 days				771 10		
Hospital, institution, or street addrees where death occurred: Vets. Adm. Hosp. Fort Howard. Md.				Street No. Hines Road (If rural, give LOCATION)		
How long in hospital or institution? 121 days				2.(a) If veteran, name war. WW-2.		
3. (a) FULL NAME				3. (b) Social Security	Number	
EDMUND E	5. Color or race	1 6 /0)5:001	e, married, widowed, or divorced	Unknown		
4. Sex		6.(a)3ingi	e, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male	White	Mar	ried	20. DATE OF DEATH December 18 19 48		
8.(b) Nama of husband or wife Hilda Wirth				21. I CERTIFY that death occurred on the date above stated; that I attended dec	ceased from	
The second secon				June 14 19 48 10 Dec. 18 19 48		
5, 6, (c) If alive, give age 28 years				and that I last eaw h im alive on December 18	1948	
deceased (mo., day, y			I It lees than one day	Immediate cause of death		
8. AGE: Years		Days		Granulomatous cerebro-spinal		
30		16	min.	meningitis	. 6 тоз.	
9. Birthplace Ba	ltimore, M	arylan	ıd	Due to unknown	***	
(lown, county, and acate)						
10. Usual occupation Carpenter's Holper				Due to		
11. Industry or businese						
12. Name He:	nry Wirth			Other conditions NONE	****	
13. Birthplace	Pa.			(Include pregnancy within 3 months of death)		
14. Malden name	Cora Work	*************		Major fiedings of operations		
14. Malden name	Pa.			Major fieldings of operations		
Clinical December Works Adv. Horse				Actopsy results substantiated above		
16. Informant Clinical Records, Vets. Adm. Hosp.				PHYSICIAN: Please underline the cause to which death should be charge	d statisticaDy.	
Addrese Fort Howard, Maryland				22. VIOLENCE: if death was due to external causes, fill in the following:		
17. Burial (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?) (month) (day) (year)				Accident, suicide, or homicide	*************************	
				Where did Injury occur? (City or town) (County)		
Cemetery or crematory Moreland Memorial Park Cemetery						
Location 5806 Harford Rd. Balto.Md.				Injured at home, farm, Industry, public place (where?)		
18. Funeral director	Lassahn Fu	neral	Home	Meane of Injury O Injured at work?		
	Belair Rd			William Heals		
				23. SIGNATURE WILLIAM HEATH, M.D.), or other	
19. Jun	20 19 48	- 4	· W. Barrey	Address VAH FT. Howard, Md. Date eigner		
I thate see a by le	Rinor at /			- Marian		

2. USUAL RESIDENCE OF DECEASED

(c) City or town.

place?

(c) Means of in

limits, write KURAL and give town)

BINDING FOR RESERVED MARGIN

1. PLACE OF DEATH: Cornelis (a) Baltimore Giry Maryland (b) Street address 42/6 e carefully selegibly. (c) Hospital or institution: (d) Length of stay in hospital or inst. (yrs., mos., or days)...... should be (e) Length of stay in Baltimore (yrs., mos., or days) 941 6min 3 (a) FULL NAME Wiseman information s 3 (c) Social Security Account 3 (b) If veteran, name war CONDITIONS 6 (a) Single, married, widowed, or 5. Color or race nelle 6 (b) Name of husband or wife Edward Whiseman 6 (c). If alive, give age 7. Birth date of deceased (mo., day, yr:) If less than one day 8. AGE: Years/ Months 9. Birthplace 10. Usual Occupation HOUSE IN F. B UNFADING Physicians: 1 11. Industry or business Af 12. Name William 14. Maiden Name Latherine 15. Birthplace MarylaNa 16 (a) Informant CNSINGTO (b) Address 47/1 WRITE PLAIN e is especially 17 (a) Dice Rid L (b) Date thereof DE (Burial, cremation, or removal) (mouth) (day) (year) (c) Cemetery or crematory Wester N 18 (a) Funeral director 1: LEASE

Lewing /u (c) Citizen of foreign country? (Yes or No) If ves, name country..... WHAT IS A PCAUSE OF DEATHS? MEDICAL CERTIFICATION 18centa 23 1918 at 1. OUAM 20. DATE OF DEATH 21. I certify that death occurred on the date above stated; that lattend-1978 to 1/80, 23 ed deceased from Acha. and that I last saw h & alive on 1/50. Immediate cause of death Duration occlusion twee **PHYSICIAN** (Include pregnancy within 3 months of death) Date of operation..... Underline the Major findings of operation: cause to which death should be charged statisof autopsy: 22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide..... (b) Date of occurrence.... (c) Where did injury occur?... (City or town) (County)

(d) Did injury occur about home, on farm, industrial place, in public

freeumores 1

(Specify type of place)

While at work?

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

82a Reg. Dist. No.

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County PLOS	State 200 County County		
(If outside city or town limits, write RURAL and give nearest town)	61/-		
How long in above place of death?	(If outside city or fown-limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:	Street No. 2508 Lycamore and		
	(If ruyai, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Malinda	Harlorough		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
J C N	20. DATE DF DEATH 12-10 19 48 at 12.45 M		
Para	176		
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 10 19 19 19 19 19 19 19 19 19 19 19 19 19		
7. Birth date of 200 C	74		
7. Birth date of deceased (mo., day, yr.) fan. 5, 1896	and that I last saw hold alive on Molecular Management 19 holds		
8. AGE: Years Months Days If less than one day	Immediate cause of death		
10 6	Cerularalapopeleyu abrut 7m		
62 / 6hrsmin.			
9. Birthplace I Livania Va.	Due to.		
(Town, county, and state)			
10. Usual occupation Lanesha	Due to Cirturo S cleroni un ferm		
1t, Industry or business			
12. Name Carries Mallery 13. Birthplace Va.	Dther conditions		
Z 13. Birthplace Va.	(Include pregnancy within 3 months of death)		
14. Maiden name Malunda Torrey			
15. Birthplace Va.	Major fiediogs of operations.		
B. F. I D. TT	Dale of op		
18. Informant Status de Sella	Autopsy results		
Address 2536 Sycamore (sul			
R. 1 12-40	22. VIOLENCE: If death was due to external causes, fill in the following;		
(Burlal, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide		
Cometery or crematory Int. Calvany	Where did injury occur? (City or town) (County) (State)		
2 C & 7	Injured at home, farm, industry, public place (where?)		
Location	Moans of Injury Jajured at work?		
18. Funeral director Comments of a Subdivisition of	ment of many		
Address 10/1 H. Chlangton Give	as sources () Hot harm as more		
12 12/13,48 Our Here	23- SIGNATURE Mr. D. or other		
(Date rea'd by registron)	Henry HILLSON LOS DE LANGUE HILLSON		